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## ORIGINAL ARTICLES.

### NERVOUS MATTER, WHAT IS IT?—OPTIC NERVES.

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OUR reader will remember that in our previous investigations and efforts to solve the mysteries involved in the question of nervous matter, and what it is, we had to deal with the elements and properties of that form of nervous matter that creates what is called a "special sense." We discovered that it had specific qualities and properties of its own. That it was not like, and differed essentially from ordinary nervous matter, was of a more refined and delicate nature, and dispensed powers and influences that distinguished it from all other powers resident in the body. Again, we learned that the material of which it was composed was such as appertains to those nervous forces, and to those alone, that bestow the beneficent privileges and enjoyments that we experience in the fulfillment of these our special senses. It will also be remembered that we gave to that material a "local habitation and a name," finding the one in the recesses of the vital portions of the ganglionic and sympathetic systems, and to the other, because of its exquisite sensibility, so necessary for the performance of its subtle functional duty, we gave the differential designation "*substantia gelatinosa*"—the term now in use among the more advanced workers in cellulo-physiological anatomy. But after all, it was only a name; "A rose by any other name would smell as sweet." After all, it was only an expedient, a trick to conceal ignorance. It is called "*gelatinosa*" because it has a gelatinous or jelly-like appearance. It may be like gelatine, but it isn't gelatine at all, and just as inappropriate to call it so, as respects its marvellous properties, as that other idea to which we have already adverted, of the old French philosopher and anatomist Descartes, to locate the human soul in a little mite of a glandular body, filled with sabulous and cretaceous matter, and perched up prominently upon the corpora quadrigemina, deep in the brain. With the same propriety he might have located it in the appendix vermiformis, indeed, with much more propriety, as respects some people we wot of, whose souls, if they ever had any, we never could find 'em, might be appropriately located in this, as yet, unknown and mysterious intestinal appendage, or some other

abdominal locality, as their highest aspirations always seem to be gastric and never reach an altitude beyond the gross appetite of a stomach, or the sensual indulgence of some other visceral function, or they were of such an infinitesimal cell-quantity and quality—nay, would hardly reach the dignity of a cell at all—that one could put 'em on the point of a needle, and then it would take a microscope as penetrating as the telescope of the Lick Observatory to discover them! To return. The microscope has revealed countless marvels. It has opened before the eager eye of the searcher after its revelations an almost illimitable world, peopled with objects challenging the admiration and wonder of its most ardent and loving votaries. But a deep obscurity sometimes defies the keenest scrutiny. No hand has yet uplifted the veil that separates us from certain of the mysterious arcana of human life. The silence of the "Sphinx" rests there and broods impenetrably. Here is one of them. We call this substance, the sources of whose hidden power we seek in vain to explore, "*substantia gelatinosa*," medullary matter, gray matter, etc. But there, unhappily, we stop and acknowledge defeat, we can go no farther. This is one of the "more things in heaven and earth than are dreamt of in our philosophy." Can any man tell why the olfactory cells of the first member of the olfactory trinity appropriate pungent, aromatic and noxious odors? Why the same of the second member receive and diffuse, through the innermost recesses of the mind and body, the sweet fragrance brought by the perfume-laden air, or why, through the subtle power of the third, we are lifted up by the joys of hope, of memory, of perfected love, or, it may be, cast down, disheartened and embittered when we smell a little flower? Has any man yet found the secret of "the leperous distillment that holds such an enmity with the blood of man" that lies concealed in the limpid and transparent fluid secreted within the jaws of the deadly "*crotales horridus*," the rattlesnake of this country, or the fatal "*cobra di capello*," the hooded snake of India? Has the chemical or other nature of the virus of rabies ever yet been disclosed? But thanks to beneficent science, we can hug ourselves and boast of the achievements of a Pasteur, of a Koch and of others following in their footsteps. We offer another problem equally insoluble. Can any man tell why the same material substance, at least the same to all appearances, will convey to our cerebral apprehension the exhalation

tions from aromatic and fragrant substances in the one case, the olfactory, the perception of luminous rays in another, the optic, the perception and appreciation of sound in still another, the acoustic? We have said, "to all appearances." That is true, but there is a "vis insita," a hidden force that mocks and eludes us here, strive we ever so diligently and earnestly to compass it. Experiment, nay, common every-day experience, teaches us that if the eye be struck or contused, flashes of light pass before the sense of vision, and so with the passage of an electric current. Let this, then, be the task we set before us, to try and see if we can, by investigation of the material structure of the true agent or instrument of vision, the retina, reach even an approximate solution of the question: How and why we see?

For the purpose of a more complete illustration of the multiple powers of the special sense of vision, we propose to divide them into several departments, to subject each one to a separate consideration, and then to unite them in one harmonious whole, by which we hope to be able to answer the question, "How and why we see?" We submit the following plan, which we think will embrace all the salient points involved in the elucidation of the properties and powers by which we are made to enjoy the inestimable privileges and pleasures bestowed upon us by the ability to see. For the simplification of our plan let us view the globe of the eye first, as a mechanical instrument. Secondly, as to the nerve-forces acting upon and controlling that mechanism. Thirdly, as to the nature of those nerve-forces, how they differ from each other and why, the differentiation of the character of their influences upon the eye, and finally, the part that each plays in the accomplishment of the great visual function. We append a plan embracing in as few words as possible the above named oculo-globar and nerve associations:

#### THE OCULO-GLOBAR MECHANISM.—OCULO-GLOBAR NERVE ASSOCIATION.

##### EXTRINSIC.

1st. Nerve-supply to recti muscles from 3d pair—motores oculorum.

2d. To superior oblique muscle from 4th pair—pathetici.

3d. To rectus externus, from 6th pair—abducentes.

4th. To inferior oblique muscle from 3d pair, also to ophthalmic ganglion.

##### INTRINSIC.

1st. Nerve supply from nasal branch of trigeminus to ophthalmic ganglion. Long ciliary nerves to ciliary muscle and iris, sensory, and ganglionic.

2d. From 3d pair to ophthalmic ganglion motor and ganglionic to iris.

3d. From ophthalmic ganglion by the short ciliary nerves to cornea sclerotica, choroid, iris, ciliary muscle, sensory, sympathetic, vaso-motor and trophic.

We do not propose to weary the reader with a lengthened detail of the anatomy of the globe of the eye, for with that he is, no doubt, sufficiently familiar. But there are certain portions of it, the

knowledge and remembrance of which are absolutely essential to the clear understanding of the nature of the agencies by which vision is produced. Nor do we intend more than a passing reference to the laws which govern the intromission of light into the eye, viz., those of reflection of refraction, the theory of the undulation of light, now generally accepted in contra-distinction to the "emission theory of Newton," etc., etc. In this matter of detail we propose to confine ourselves to the consideration of certain portions of the globe of the eye, whose mechanical operations are adjuvant and necessary to the introduction of light into the eye for visual purposes, and also to regulate the amount of luminous irradiation that can be permitted to enter with safety among its delicate structures, by excluding whatever force of it would be beyond the capacities of this organ to bear.

We must recall to the mind of the reader the external coat of the globe, the sclerotic, the cornea, the choroid, the iris and pupil, the anterior and posterior chambers and their aqueous humor, the lens, the vitreous humor, the ciliary processes, the ciliary muscle, the ciliary ligament. These are the principal anatomical agencies to whose functional operations our investigations must be directed, and, in addition to them, and of peculiar interest in the line of our original inquiry about nervous matter and what it is, we would lay especial emphasis upon the *nature and character of the nervous forces*, whose powers are expended upon those portions of the physical anatomy of the globe to which we have called attention. Our reader will spare us a little detail here, and we hope he will realize the necessity for it, in view of the purpose proposed. Of the sclerotic coat, we desire only to speak of its toughness and firmness and of its tutelary protection of the delicate organs contained within it, its separation from the next coat, the choroid, by the membrana fusca, its compressibility, and, finally, its posterior opening. The "lamina cribrosa," through which the optic nerve perforates the eye by numerous openings, just as the olfactory nerve proper perforates the cribriform plate of the ethmoid bone, in order to preserve the individuality of its penicillated optic fibrillæ for purposes which we shall see by-and-by. Of the cornea, a simple reference to its convexity, its transparency, its translucency for the ready intromission of light. The close connection of its margin with the sclerotic and choroid, its nerves, etc. Of the choroid, its dark chocolate color, its large vessels and nerves, the long and short ciliary traversing it, its membrana fusca, its ciliary processes, its pigmentary layer in close association with the retina, also with the iris by its circumference. Of the iris, a curtain suspended between the anterior and posterior chambers, and bathed in the aqueous hu-

mor, its properties of dilatation and contraction under the stimulus of light, and of the liberal contributions of its nerve force. Of the ciliary ligament connecting sclerotic, choroid, cornea. Of the ligament of Zinn, suspensory ligament of the lens. Of the ciliary muscle, its attachment to choroid at its point of junction with the sclerotic and cornea, its compression of the vitreous humor and lens, thus changing their form and shape, and adapting them to visual distances. Following this brief *résumé* of the various organs concerned in vision, the nervous forces controlling them come next in order. Here, again, as in the provision and distribution of nerve power to perfect olfaction, we meet another interesting combination of nerve-force, another trinity, whose concerted influences dominate and control the various organs of the oculo-globar mechanism. It is by and through this combination that the compression and expansion, the dilation and contraction, projection and retraction of sclerotic, cornea, choroid, ciliary ligament, ciliary muscle, crystalline lens, aqueous and vitreous humors, iris, pupil, all and singly, are subjected to the subtle influence of all and every variety of nervous matter that can be found in substantia gelatinosa, in ganglionic, sympathetic and in sensory and motor nerve-power.

The nervous supply of the eye comes from a variety of sources, as will be seen by reference to the abridged plan we have formulated for the purpose of simplification. By reference to our plan of the oculo-globar mechanism and its nerve-association, it will be seen that we have divided it into what we have denominated its extrinsic and its intrinsic departments, so to speak. The extrinsic includes the nervous supply to the muscles of the eye extrinsically. The nerve-power here is of the ordinary motor kind for the promotion and stimulation of muscular contraction and general movement, and is supplied principally by the third pair, motor communis. The ball of the eye is susceptible of every variety of movement, viz., elevation, depression, adduction of the two globes simultaneously, of one globe with abduction of the other, adduction with elevation, with depression, abduction, rotation, circumduction.

Another fact must be recalled here, and an interesting and important one it is, too. It will be remembered that the motor power here comes directly from the common motor power of the globe of the eye. The general movements of the eyeball are regulated and controlled by the motor stimulus given to its muscles, the recti and oblique, by the third pair of nerves—the *motores oculorum communes*. We speak of straining the eyes, and we do so involuntarily when we desire to see clearly a distant object. To do this effectively, we call into operation the recti and oblique muscles, particularly the former, to secure a fix-

ity of the ocular globes. Acting coetaneously and sympathetically with our purpose, the nerve-forces that dominate the ciliary muscle within the eye compel it to the performance of its function. What is the result? Contraction of that muscle around its whole circumference, causing a closer approximation of sclerotic, cornea and choroid, compression of the vitreous humor, of the sclerotic, the *membrana fusca*, the choroid, with its vascular and pigmentary layers, projection of lens and cornea, contraction or dilatation of the iris and pupil, as may be, and thus the luminous rays proceeding from the distant object are gathered into the eye. By these concerted operations the transparent media through which the rays, bearing the "counterfeit presentment," must pass, are modified and changed before they are permitted to reach and be accepted by the retina. It is there waiting to receive them, and feel their impress upon its sensitive surface. Then to commit them to the obedient agencies hidden in its substance, to be by them conveyed back to the temple wherein dwell the mind, the intelligence and the senses, and thence onward, as we shall see by-and-by, until the whole mind and soul and body of the man know of that distant object and respond to it, and are moved with such pleasurable or painful emotions as may be evoked by it. Before proceeding to the consideration of our ultimate "*point d'appui*," the retina, another nerve-union needs investigation. In our plan we have named this the *intrinsic* oculo-globar nerve-association, and it is one of a nature to demand a critical examination. While the *extrinsic* nerve-supply to the muscles moving the globe of the eye were found to be of the common motor nerve-force, and derived from the third, fourth and sixth pairs of cranial nerves, we discover among the *intrinsic* supply to the interior of the globe every possible variety of nerve-power, including sympathetic, ganglionic, sensory, emotional, expressional, motor, vaso-motor and trophic. Let us begin with the ophthalmic ganglion.

What is the ophthalmic ganglion? It is the initial ganglion of the series of ganglia which constitute what is called the great sympathetic nerve—a very inappropriate, incomplete and unscientific example of anatomico-physiological nomenclature, as we think in view of its wonderful powers and properties and of our more thorough knowledge of them. 'Tis true that its sympathies, or, more properly, the sympathies it begets and maintains, would seem to make the name of sympathetic appropriate, yet it has other and most important, nay, indispensable, functional characteristics that render its name inexact and insufficient. But more of this hereafter in following out our purpose of investigating and trying to answer the question, "Nervous Matter—What Is It?" The ophthalmic ganglion, as its name



imports, expends its energies upon the eye *intrinsically*, and, as we have already said, endows the eye with every variety of nerve-vitality. Let us examine it a little in detail. Just behind the globe of the eye, and situated deeply in the orbit, is a small ganglion of a reddish color, and not much larger than the head of a pin. This is the ophthalmic ganglion, and in the compass of its little body numerous energies are stored. In the first place, what is the material of which it is composed? It is ganglionic, which means that it is made of the "substantia gelatinosa," which of itself at once affirms its exquisite vitality and capability of imparting that vitality wherever it may be dispensed. Next, as to its associations. It is one of the sympathetic chain of ganglia, and, in consequence, inherits the sympathies and properties inherent in that mysterious nerve-power. It is also in association, as we have seen, with the third and fifth nerves—*motus oculorum* and trigeminus—whereby it receives motor and sensory powers, with the cavernous plexus of the sympathetic and with Meckel's ganglion-sphenopalatine—another of the sympathetic ganglia. It is also in indirect association with the cilio-spinal centres—superior and inferior. By what are called the short ciliary nerves the ophthalmic ganglion diffuses its power, made up from the various contributions named, and they are mainly expended upon the ciliary muscle and iris. The long ciliary nerves—sensory—from the trigeminus, with the motor stimulus from the motor communis, all equally unite in the various intrinsic oculo-global movements and relative changes of the cornea, sclerotic, choroid, iris, its dilations and contractions, aqueous and vitreous humors and crystalline lens, that may be consistent with, and requisite for, the intromission of light, its modifications by the transparent media through which it has to pass, and its ultimate conduction to the recipient surfaces of the retina.

The other *intrinsic* sympathetic and ganglionic influences upon the eye relate to its circulation and nutrition, and are denominated vaso-motor and trophic, powers which reside in the Great Sympathetic from one end of it to the other. The central artery of the retina is accompanied by a filament from the ganglion. One word more before we leave the oculo-global mechanism in relation to its *extrinsic* movements.

There is a very curious and interesting little nerve, and its name is singularly appropriate. It is called the "*nervus patheticus*," because of the piteous or pathetic expression given to the eye by its functional operation. It is not proposed to trace it back to its cerebral connection at this time, but simply to refer to its effects upon oculo-global movement. By its distribution to the superior oblique muscle of the eye, and, remembering the action of that muscle in rotating the eye upward and inward, the propriety of its name

may be readily understood, and the pathetic expression of which it is the instrument. Another curious fact connected with the distribution of this nerve is, that the lachrymal gland is mainly supplied with nerve-power by it in conjunction with a contribution from the ophthalmic division of the trigeminus, its lachrymal branch-sensory, and also from the sympathetic-ganglionic, so that this little nerve is endowed with combined motor, sensory and sympathetic energies, all of which it gives to the pathetic expression of the eye and to stimulation of the lachrymal gland. In the world of Art, and especially in the delineation of the "human face divine," no subject has ever inspired the portrayal of its holy and exquisite beauty by the genius of a Raphael, a Salvator Rosa, a Benvenuto Cellini, a Guido, a Domenichino, a Titian and a Rubens, more reverently and devotedly than that of the "Holy Mother and her Child." Before this sacred image the pious penitent humbly kneels in adoration and prayer, and, with yearning supplication, seeks intercession and forgiveness for sin. The painter's art repeats that sacred image when the shadow of the cross intervenes to mar its beauty. Then the uplifted eye and the falling tear tell of the humanity in the maternal nature, and the Mother weeps. Who of us that

"Hath music in his soul  
And is moved by concord of sweet sounds"

can listen to the strains of the "*Stabat Mater*," as they reach his ear evoked by a Beethoven, a Haydn, a Handel, a Bach, a Pergolese, a Cimarosa, or, more modernly, a Rossini, a Mendelssohn, and not see the grieving Mother as he hears,

"*Stabat Mater dolorosa  
Juxta crucem lachrymosa.*"  
(Near the cross

The sorrowing Mother weeping stood.)

What made this picture of sorrow and grief, as we behold it? Only a little thread-like nerve, disturbed from its quiet by the yearning pain of maternal love which has found a lodgment deep in brain recess and ganglionic sympathy. Only a little muscle, which uplifts the eye in invocation and prayer, and sends the falling tear down upon the pallid cheek. Of the influences of the oculo-global nerve-combination, *extrinsic and intrinsic*, upon the innumerable expressions of the eye, both in health and disease, we propose to defer their consideration until we shall have completed our next subject for investigation, which is

#### THE RETINA.

The retina is the ultimate recipient of the rays of light, which are not permitted to reach it until they shall have been subjected to certain mechanical and physical influences, by which they are so prepared and modified by the media through which they must pass, as not only to deprive them of any injurious quality or quantity of force



they may possess before reaching this delicate organ, upon which their final impressions are to be made, but that, governed by the inflexible laws of reflection and refraction, they may be individualized, and each ray may seek and be accepted by a certain member of the physical structure of the retina with which it is in harmonious fellowship, and be by it conveyed to the optic tendrils, and thus onward to the "sensorium commune."

In the investigation of retinal functional power, our first obligation is to make ourselves perfectly familiar with its microscopic anatomical structure. This is indispensable to a proper understanding of the affinities that exist between the retina and its own proper and peculiar pabulum, *light*. To the inquiring mind there must be matter for thoughtful speculation and interest in contrasting the functional peculiarities of the special senses of olfaction, audition and vision. Although the material nature of the physical instrument by which their operations are performed seem to be identical, yet it is only seeming. The substance which we call *substantia gelatinosa*—gray, ganglionic and sympathetic matter—is, to all visible appearance, the same in both, yet no olfactory fibrilla can ever be animated by a luminous "rayon" of light, nor can any member of the retinal group become sentient with the most exquisite and delicate fragrance ever exhaled from "Nature's floral wreath," or distilled from the alembic of the most cunning art of the chemist. We shall realize this more fully still when the structure of the retina is laid bare before us to take up and examine its component parts in detail. Let this be our next duty.

#### THE MINUTE STRUCTURE OF THE RETINA.

Anatomists generally describe the retina as a tunic, or coat, of the eye, and call it "the third tunic of the eye."

But the tunics proper of the eye are the containing and protecting coverings of the inner structures within the ocular globe. They are, as we have repeatedly seen, the cornea, sclerotic, choroid, its *membrana fusca*, its vascular layer, Tunic Ruyschiana, its pigmentary layer, or sometimes regarded as the outer pigmentary layer of the retina: As we have said, all of these layers are tutelary and protective of the more delicate structures. But it would be a misnomer indeed, both anatomically and physiologically, to designate the retina as a tunic in the same acceptance of the term as applied to the others. In every essential particular there is a radical difference, and, in the sense of its wonderful functional properties, it would indeed seem a degrading estimate of those properties to suggest any such alliance. The retina is the organ especially designed to receive light, it is the very soul of vision and all that that implies. By its beneficent instrumentality we behold the heavens, the earth and all that

it contains, Nature and all that she can offer to delight and charm our earthly existence. What are the requirements of the retina? Let us remember the nature of the guest to be received by it—Light—with its penetrating brilliancy, its intangible tenuity, its kaleidoscopic chromatic variety, the "counterfeit presentment" it bears of extrinsic objects in countless numbers and in protean form, shape, color, magnitude, or, it may be, dwarfed into proportions so minute that the visual capacities of the retina are taxed to the utmost to perceive or define them. What provisions are made to meet these requirements. We shall see. One of the most remarkable achievements of the microscope that science has to offer is the discovery and determination of the minute structure of the retina. For a long space of time in the history of anatomy the true mechanism of this wondrous agent of vision was a profound and insoluble mystery. It was regarded merely as a tunic or coat of the eye, that received the rays of light, but as to how that reception determined vision or the power to see, "passed man's understanding." It would be foreign to our purpose to trace it from the original ideas of its "*modus agendi*" onward to the establishment of its true microscopic history of more modern date. Let it suffice that now every fact and feature of its structure stands revealed and confessed to its most minute and ultimate element, and that now we can, in company with the rays of light, and the image they bear, traverse every avenue through which they must pass on their way to the home of perception and intelligence, the brain. In the language of the books, the retina is described as "a delicate transparent membrane, composed of various layers from without on the surface next to the choroid, from which it is separated by its pigmentary layer, to that next to the vitreous humor, the hyaloid membrane intervening between the two."

Now we have to do with those layers of the retina, and to find nestling among them the objects of our search, the true agents of vision. According to the most recent and most approved opinions upon retinal structure, there may be enumerated nine layers which constitute the substance of the retina from without inward.

1st. A layer of pigment cells between retina and choroid.

2d. Jacob's membrane, or layer of rods and cones.

3d. The *external granular layer*.

4th. The *inter-granular layer*.

5th. The *internal granular layer*.

6th. The *gray granular layer*.

7th. The *nerve-cell layer*—optic.

8th. Optic nerve-fibrils connected with nerve-cells.

9th. Internal membrane of limitation.

So then, from the first layer to the ninth, we

find embodied and enclosed every element of the visual mechanism, and in this small compass we must search diligently for the answer to our question, How and why we see? What is the first visual requirement? It is that the rays of light, immediately upon their intromission into the eye, and their transit through the reflective and refractive transparent media, shall find a visual instrument or agent ready to receive and absorb them. Is there any such instrument, and, if so, what and where is it? Ample experiment has taught that the only structure of the retina capable of directly receiving visual impressions, and the only portion of the retina endowed with special sensibility, is its layer of rods and cones. By a simple experiment, the details of which we spare the reader, Purkinje demonstrated that the rods and cones alone received visual impressions. A few words descriptive of this layer are necessary here. According to an eminent authority: "The layer of rods and cones is situated next to the pigmentary layer of the choroid, but the other layers of the retina through which the light passes to reach the rods and cones are perfectly transparent." Of what does a rod or cone consist? We have seen, in our olfactory investigations, of what the material by which olfactory impressions are conveyed is capable. Not only so, but we have equally seen that the same material, to all appearances, in the cortex of the brain, dispenses intellection and mentality and all the wondrous brain-forces. The microscope shows no difference in the material that generates vision, and yet there is no olfaction evoked, no cerebral mentality manifested, but light, light only; nothing but light can awaken the energies that are encompassed within these rods and cones. As we have before said, a blow or contusion of the eye causes flashes of light to pass before the field of vision. In each rod and cone a transparent body is seen, lenticular in form, and, we must conclude, of exquisite and subtle vitality. It has received no name, and in default of a better, and because of its transparency and the manifest transmissibility of light through it, suppose we give it a name, and call it *Punctum luminosum*, and let us equally suppose that the *Puncta luminosa* of the rods and cones catch and absorb each its own individual radiant "rayon" of light, the chromatic stimulus specially adapted to its receptive and appropriative need, and which has been sent to it, after subjection to the prismatic reflective and refractive powers of the cornea, aqueous and vitreous humors, lens, etc., and with which it is in chromatic sympathy, and NO OTHER! Each rod has also an outer and inner segment and a nucleus. Then follow four successive granular layers filled with so-called granules. Now then, what sort of granules? So far as the books tell us, they might as well be granules of fat. To us it seems an idea

fat with folly to call them granules at all, or of glandular structure, or of any other inert matter. But let us remember that intangible rays of light, or rather the representation of an objective image, is what they are conveying. Again, these layers of so-called granules are associated with each other by minute fibrillæ, thus maintaining an unbroken unity between the layers. As represented in the plates descriptive of them, each so-called granule has a punctum or point in its center, in every respect like the nucleus or nucleolus of a cell. Then is it not much more consistent with the supposed requirements of the deposits in the retina of all kinds that they shall be replete with visual life in order that they may assist in the propagation of the rays of light and of the visual function. The anatomico-physiological adaptation and unity of functional property and power to the desired end of producing vision, demand that ganglionic force must make itself felt here. Then, instead of calling them granules, let us call them nucleolated cells or ganglia animated by intense visual vitality, and constantly stimulating each other with what they have received from the rods and cones. The first layer conveys the stimulus to the second, the second to the third, and the third to the fourth by means of intermediate poles or antennæ from cell to cell. What is the fourth layer, or "gray granular layer" as it is called, and of what composed? What have we seen, over and over again, in our investigations of gray nervous matter? Have we not seen that it was endowed with a *specific quality of vitality*? Did we not see it in the ophthalmic ganglion, the sphenopalatine-Meckel's, Gasserian, all the sympathetic ganglia. Have we not learned that the central ganglia of the brain and its appendages were largely endowed with this gray or ganglionic matter, and hence their intense vitality? Why not here, then, to impart the same to the next succeeding layer—the nerve-cell layer—which shall in turn convey the stimulus to what? To the tendrils of the optic nerve, there waiting to receive and transmit it to the brain, the home of all intelligence. In the remaining brief space accorded by journalistic courtesy, and before leaving the ocular globe to follow out the optic nerves to their many sources of origin in the deep recesses of the brain, a few words in relation to the influences exercised by the retina upon the expressions of the eye may not be out of place. In health the retinal sympathies manifest themselves by the reflection of the pleasing images that have been impressed upon this organ of vision from without. When the eye beholds a landscape in which mingle earth and sky, mountain and plain, hill and valley, wandering stream and flowing river, all these charms of Nature are carried back to the brain in a way that will be shown by-and-by, and we see the effects by the

lighting up of the eye with an unwonted brilliancy, and an eager straining to catch all and every effect of the scene of beauty! But note the change when disease shall have laid its blighting fingers upon the retina and marred its integrity. Let us recall that disease which makes the retina the special object of its fatal attack. Who that has ever seen the eager uplifting of the eye of the blind from amaurosis—the gutta serena—as though groping, searching, inwardly praying, and *hungry for light*, can ever forget the vacant, lacklustre stare of the expression of the eye. There is more than usual of the transparent brilliancy of the cornea, and all visible portions of the ocular globe seem in a perfectly normal condition, for reasons that will be given later on; but the disease does its work deep down among those vital parts where lies the power to see, and the amaurotic victim bids farewell to the sun and its beneficent light, and must spend his days in impenetrable and hopeless darkness. In purest words of the English tongue does our own poet, Longfellow, tell the Scriptural story of "Blind Bartimeus:"

"Blind Bartimeus at the gates  
Of Jericho in darkness waits;  
He hears the crowd; he hears a breath  
Say, 'It is Christ of Nazareth.'  
And calls in tones of agony,  
'Ιησου, ελεησον με!'"

"Then saith the Christ, as silent stands  
The crowd, 'What wilt thou at my hands?'  
And he replies, 'O give me *light*!  
Rabbi, restore the blind man's sight!'  
And Jesus answers, 'Υπαγε  
Η πιστις σου σεσωκε σε!'"†

#### COMMENTS ON THE SYMPTOMATOLOGY OF CHRONIC DISORDERS.

By C. S. ELDRIDGE, M. D., CHICAGO, ILL.

EVERY human being depends for life and action upon that imponderable, intangible power called vital or nerve force. Foetal existence is established and maintained by it; all bodily functions and physical maneuvers are operated only because of the inspiration imparted to them through nerve force. If, from whatever cause, the nerve supply is cut off between the embryo and its maternal connections, processes of dissolution ensue and a still birth is the legitimate outcome. Take from a part its nerve supply, so far as sensation and motion are concerned, yet will it live; but let the ganglionic or sympathetic nerve supply be destroyed also, and you will straightaway see molecular death follow as an inevitable result. To cripple the ganglionic or sympathetic nervous system is, therefore, to deprive important organs and viscera of that share of nerve force which is their due. This should

make it clear to the reasoning neurologist that a perfect state of health can not exist where there is any impairment of the nervous system. The nerve supply to a certain part of the body may be wholly destroyed, or it may be by local disturbances so robbed of the power to transmit wholesome impulses that a wreckage of function only, for a time ensues. The existence, however, of such a break in the hitherto harmonious order of things may spread discord and trouble to co-ordinate organs and functions. When these pathological episodes occur they register upon the human barometer a lessened degree of systemic resisting or prophylactic power. According as our nervous systems stand high or low in the matter of strength and integrity, just in such proportion are we able to resist climatic or zymotic ailments. Such, at all events, are my views upon the matter.

Our bodies are made up of countless cells. The osseous frame, endowed with its lacunæ and canaliculi, presents in anatomical symmetry no more, no less, than cells in harmonious aggregation; so is it with the muscular and other systems. The highest type of cell construction is exhibited in that great cerebral zone—the brain. From it emanates every impulse, every inspiration, every method in plan and movement growing out of the exercise of the mind's functions. The brain is the central station or power-house from whence impulses for action are dispensed; from whence comes license or orders to comply with the demands and obligations of daily life. The brain is the home office, and from it springs the prompting for every act of volition. To this point messages must go and be delivered before the system can take cognizance of the phenomena of pleasure or pain. Afferent and efferent action becomes necessary before we can know whether our bodies are well or ill treated. In the dead-house the anatomist and microscopist may remove the calvarium in a thousand subjects, yet, after critical and laborious examination, fail to differentiate the brain of the statesman from that of the roustabout. The acts and character of life are the indices of the quality of brain in the physiological state. The brain, the great dominating zone, connects through spinal cord and ganglia with interior and exterior structures throughout the entire economy. A supplemental or residuary nervous system, which might be likened to a series of storage batteries, situated in the head, neck, thoracic cavity, abdomen and pelvis, furnishes force or operating power to organs and structures not amenable to the will's beck and call. This is the ganglionic or sympathetic nervous system. It takes its inspiration from that vast hemisphere—the brain; it works conjointly with the cerebro-spinal system to expedite the body's peristalsis. We can not by the exercise of mind or will power stop the kidney's function of constantly dropping

\* Jesus, pity me! † Be it as thou wilt. Thy faith hath saved thee!



urine into the ureter, nor can we for even a brief period of time prevent the action of heart, liver or lymphatic system through a behest of the will. While this is so, it must be understood that the sympathetic, which operates the functions just mentioned, must and does draw upon the central nervous system for its vitality and potential force. Our estimates of the pleasures and profits of life are governed by the daily status of mind we are in. The mental atmosphere is greatly what we make it. Our organizations, according to brain status chiefly acquired by inheritance, are shocked, fretted and depressed, or soothed and sustained, according to the serenity and stability maintained by the mind. A tottering nervous system, no matter how induced, is illy prepared for the friction and shocks daily encountered in business avenues of life. The shock of calamity at sea, a strain induced by a railway wreck, mark the inception of many grave forms of cerebrasthenia. People of full and rugged habit will stand such tragical experiences in life as it is their lot to encounter with little harm, but into those weak by inheritance, or made so by the transgression of physiological laws, the disastrous consequences strike fathoms deep.

The physician who studies neurasthenia carefully, intelligently and persistently will find himself in a department that affords many surprises in the way of being able to account for conditions that are to the average practitioner unsolved problems. A physician to be a good diagnostician must be a good interrogator; must be something of a neurologist, for be it understood neurasthenia imposes symptoms in great array subjective in character, and these must be sought for and found by the physician. Subjective symptoms and disturbances of the ganglionic or sympathetic nervous system are often overlooked and attention given to objective phenomena that are apparent upon the surface. Let us not slight the unseen yet discordant elements which are so necessary to understand in interpreting the philosophy of chronic diseases. To only see the visible and touch the tangible as applied to the study of the nervous system stops one at the threshold of the subject. To be good doctors we must be reasoners as well as observers. It is too much the tendency in the ranks of our profession to turn the batteries upon complaints according to the classification in medical nomenclature. Every physician possesses a cabinet of five senses, and a practice of summoning the whole court oftener than is done would result in conquering more complaints than we now do, and add more of that luster to our professional genius the people know we all covet.

The offices of the nervous system constitute such functions as intuitive perception, reasoning power, emotion, will. Intuitive perception is beautifully illustrated in applying the babe of an

hour's age to the maternal breast. With an inherent tendency fixed by transmission through thousands of years, it draws its nourishment with the aptitude of one much older. With the same naturalness the infant duck upon first trial propels itself gracefully upon the placid waters of the lake. Good, bad and indifferent habits, according as propagation has strengthened or weakened them, are handed down indelibly or feebly fixed upon offspring. The laws of heredity satisfactorily show that like begets like. In medicine it is difficult for many to liberate themselves from the thralldom of copying and imitating professional ancestors. The errors and misconceptions of one generation are entailed upon another, and it is only occasionally we find a medical Columbus, original and intrepid enough to sound the depth of unfathomed waters. Since our America is a land of independent thinkers, let us hope that medical science may as often become indebted to us as to other countries for contributions of medical and surgical benefactors. We have furnished a Mott, a McDowell, a Morton, a Pratt and others full of professional lore. May the good record continue, and our adopted profession in America keep abreast of the whole world. To do this the cable-tow that binds us to obsolete text-books must be cut, that we may swing aloof and think for ourselves, not accepting a statement as necessarily truthful because it has a place in a handsomely bound text-book and is recommended by a college faculty. You will find more genius in the alumni of your college (if the institution is at all honorable with age) than in its faculty. The reason for this is apparent, and therefore needs no explanation.

Hereditary and reflex troubles constitute a large share of the ills of people. The former cover an expensive field. We all recognize the transmission of mental infirmities; in fact, it is so immutably fixed upon the minds of the medical directors of life insurance companies that no applicant for insurance can obtain a policy without first having satisfied the company touching the matter of ancestral insanity. To admit the transmission of mental infirmities is to concede that other troubles may be handed down from parent to offspring. A family succession of drunkards means, under favorable conditions, a continued drunken posterity as a marriage legacy. Now if this be so, is it not probable that long continued inbreeding of physical infirmities will so impress offspring as to make them, whether or no, the agents for the transmission of these same troubles? When we come to look at this matter intelligently, understandingly, many things are solved that previously puzzled us. A child can as well be born into this world possessed of an inherited weak stomach as it can with a brain latently impressed with insanity, and I maintain it can come with an elongated prepuce as a legiti-

mate entailment through the paternal side of the house for generations back. Cut off the tails of dogs of both sexes and in-breed them for generations, and there will appear a race of tailless dogs. We have not one law of heredity for man and another for dogs; one law must and does do for both.

This leads me to say that when the subject of marriage comes up the family physician is able to do many parties great service by a talk on heredity. To avoid mistakes is better than trying to correct them after they are made. Many patients with chronic troubles at first seem to think a rigid catechism unnecessary; but as the pumping process goes on and the relations of cause and effect are explained the task becomes easier. It is so easy for people to believe that which they wish to believe. A day previous to a gentleman's death from pulmonary tuberculosis he beat his chest in my presence with as much vigor as possible, exclaiming, "Doctor, you see my lungs are all right." The wish was father to the thought. In the majority of instances the patient does not direct us to the locality where his or her trouble exists. A striking instance of this is shown in the early stages of hip joint disease, where relief is sought for pain in the knee. The bright gynecologist of experience usually examines the uterus to account for a pain on the top of the head. Backache is generally a reflex of a disease and not entitled to the distinction of being called an idiopathic trouble. In the child that falls upon the floor where there is no obstruction before it, with nausea and vomiting as accompaniments, look out for incipient brain trouble. In the child with genu valgum, of either sex, look for an exciting cause in a compressed glans penis, or a clitoris unduly compressed by its own hood. The existence of a benign inguinal bubo may be due to an in-growing toe-nail. A brain that is daily made to face a panorama of domestic woes and infelicities may, through the law of reflexes, set into undue operation the neck of a preternaturally sensitive bladder; or it may so impair the force of the pneumogastric as to interrupt the regularity of the heart's action, or drop the power of the stomach's digestion away below par. Again, subinvolution of the uterus spreads its reflex tentacles like an octopus, and the cerebro-spinal functions shudder under the baneful impulses it creates. So many times these multiple troubles are due to a cicatrix in the cervix uteri, which imprisons and compresses one or more nerve filaments, that a careful search should be made for its existence. A poor peristalsis as confined to the alimentary canal will generally be found due to abnormally contracted rectal sphincters. A farther exploration will show these endless muscles hugging themselves and the terminal nerve fibers of the ganglionic, because they are impelled to do so, by lesions upon and in the tissues of the hæmor-

rhoidal inch. To pinch the terminal nerve fibers of the ganglionic nervous system at the rectum's outlet is to set going an influence pernicious enough to create almost any kind of a systemic calamity, be it functional or organic. We know that a suitable surgical procedure stops undue sphincter action and nature helps herself to a cure. I did not mention that subinvolution of the uterus can easily be cured by the removal of the cervical scar or scars resulting from a tear at confinement, but it can be and is done daily.

The medical student is daily confronted with mysterious phenomena beyond his power to solve, yet he moves on, knowing that professional laurels in greatest splendor come to those who penetrate the unknown for the discovery of new truths and the creation of methods more scientific than those we now possess.

Concluding, let me say in managing chronic troubles the doctor will succeed best who diagnosticates troubles best; who quickest interprets the evil effects of a worried brain and a besieged body; who combines that treatment which gives solace to a mind shorn of its equilibrium, liberation and relief to organs and tissues loaded with lesions that forward distresses through every portal. The practitioner who fails to interpret the significance of a human sigh, does not take cognizance of an objective symptom auguring distress which exhibits itself in the pulmonary branch of the pneumogastric nerve; who does not regard the continued existence, summer and winter, of cold extremities as indubitable proof that a pathological cause lies back of it; who does not see through lenses ample enough in power to discover that a mind has unquestioned influence over anatomical matter; who does not espouse the philosophy of official irritation; who does not know that an abridged peristalsis has as much a definite cause in chronic ailments as an exalted temperature and a galloping pulse have in acute conditions; who does not embrace the truthful philosophy that there is no effect in this world without a cause, will find himself or herself, in essaying a contest with chronic troubles, in trying to diagnosticate and cure graver forms of them, so deprived of necessary information as to etiology, that the battle many times will become an unequal and discouraging one.

Our chief reliance for existence is upon the sympathetic nervous system, and if there exists a state of integrity throughout its dominions fair faces and healthful functions abound. On the other hand, let its tone and normal power be made to wane through lesions in any of its ramifying branches, and the unmistakable signs of malnutrition and poor health appear. It behooves us, therefore, to protect the sympathetic nervous system with care as jealous, and sagacity as great, as one exercises in protecting a competency after it has been acquired.

## MEDICAL JURISPRUDENCE.

BY DAVID A. STORER,  
Counsellor-at-Law.

LIABILITY OF PHYSICIANS AND SURGEONS FOR  
WANT OF SKILL.

THE Supreme Court, General Term, Third Department, in affirming a judgment at Circuit Court of Columbia County, of \$2,000 against Dr. Isaac H. Lent in favor of Wallace B. Rowe, has put on record another definition of the physician's liability.

The plaintiff was thrown from a wagon in January, 1889, and dislocated his right shoulder. The defendant was plaintiff's family physician and was called to reduce the dislocation. After considerable effort and with some difficulty, the defendant succeeded as he claimed, and still claims, in reducing the dislocation; and from that time the defendant attended upon and treated the plaintiff for the injury, giving directions as to the manner of caring for the shoulder and arm, and frequently and daily visited and examined the plaintiff until the 24th of July, when he found, as he claimed and still insists, that the shoulder was in its normal condition, and a cure had been effected. The evidence does not disclose that the defendant treated the plaintiff after the 24th of July, although he saw the plaintiff frequently and examined his shoulder until plaintiff left, about the 14th of August; and during that interval the evidence tends to show that plaintiff attended to his usual business, but there is some non-professional evidence that the right shoulder did not look like the left. But some of the expert testimony tended to show that that difference in appearance might exist even if the dislocation had been properly reduced.

During the time defendant regularly treated the plaintiff, he made repeated statements that the shoulder was getting along nicely. And after the plaintiff left home, he went to the seashore and took ocean baths. On the 13th of August, plaintiff visited New York City and the next day was examined at the Chambers Street Hospital, when it was ascertained that the shoulder was still dislocated and an unsuccessful attempt was made by the surgeon in charge of that institution to reduce such dislocation.

The theory of the plaintiff on the trial was that the dislocation had never been reduced by the defendant, and there was evidence on the trial given by expert witnesses tending to support that theory, upon which, however, there was some conflict in the expert testimony. It seemed to be conceded by all the medical testimony that at the time of the examination at the hospital in New York, the shoulder was dislocated and that the injury still continues and is permanent.

"Whether the dislocation had been reduced"—says the Court—"and whether the defendant gave proper directions to the patient after he claimed to have reduced the same, and exercised the requisite skill and care in the treatment of this injury, was the subject of inquiry and investigation by the testimony given on the trial, upon which there was some conflict, which we think was properly submitted to the jury for determination.

"The law imposes upon a physician and surgeon in the practice of physic and surgery, the duty of being reasonably skilled in his profession, and the exercise of care and prudence in the application of that skill, and if he be wanting in either to the injury of his patient whom he undertakes to treat, he is liable for damages. The question in each case of this character is whether the defendant exercised reasonable care and diligence with the ordinary skill required in the practice of his profession.

"In *Carpenter vs. Blake*, 10 Hun, 358, the rule was laid down thus: 'One who offers himself for employment in a professional capacity undertakes—*First*, that he possesses that reasonable degree of learning and skill which is ordinarily possessed by professors of the same art or science, and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in such business. *Second*, that he will use reasonable and ordinary care and diligence in the exercise of his skill and the application of his knowledge to accomplish the purpose for which he is employed. *Third*, to use his best judgment in the exertion of his skill and the application of his diligence.

"The test, however, seems to be whether, in the case on trial, the requisite skill, care and diligence were employed, and not whether the practitioner is reputed to possess such skill. But the surgeon is not necessarily chargeable with want of the requisite professional skill or negligence and want of care, simply because he does not succeed in accomplishing the desired result. Human skill can not relieve all the infirmities, ills or injuries to which mankind are subject, and the only test, therefore, that can be applied, is whether, in a given case, the surgeon has exercised reasonable skill and attention in his treatment of the patient who has placed himself under his care, and whom the latter has undertaken to treat.

"As we have seen in this case, that question was before the jury upon evidence somewhat conflicting, and the whole case was fully and fairly left to them by the charge of the trial judge, in an able and impartial manner, to which no exception was taken by counsel for defendant; and the jury, upon this conflicting evidence, found in favor of the plaintiff. While perhaps, they might, upon this evidence, have found either for the plaintiff or defendant, there is sufficient evidence in sup-



port of their conclusion to uphold the verdict, and the Court on appeal can not say their verdict was either against the evidence or unsupported thereby. That being a clear question of fact, proper for the determination of the jury, it was no error for the trial Court to refuse to non-suit on the motion of the defendant, or to direct a verdict for the defendant." Judgment was affirmed with costs.

#### A JURY LAYS THE BLAME ON GOD.

The brig "Emily Reynolds" was wrecked on the coast of Massachusetts last year. An action was brought by the owners to recover the insurance, in the New York Supreme Court, which was tried before Justice Barrett and a jury.

The brig was wrecked on a bright, clear day in Summer. The captain of a tug-boat saw that the brig was drifting upon the rocks and that she was not answering her helm. He called to the captain of the brig that his rudder-post was broken and that he had better throw out a hawser and be towed into the nearest port. Captain Hayes, of the brig, answered: "You go straight to —, I'm bound for Baltimore and don't want to be taken into any port hereabouts." The witness, the tug's captain, said it was his opinion Captain Hayes was drunk at the time.

Captain Hayes went upon the witness stand and denied that he was drunk, but admitted that he did not know what he was doing or saying, as he had taken fifteen grains of quinine for a malarial complaint, and it rendered him almost unconscious. He insisted that, as the quinine and his illness had taken away his senses, it was by the act of God that the vessel was wrecked! "It would have been an act of mutiny on the part of the mate to have taken charge of the vessel while I insisted upon doing so myself," exclaimed Captain Hayes.

The jury brought in a verdict in accordance with the captain's testimony. A remarkable conclusion to arrive at; but who ever heard of a jury failing to find against an insurance company?

#### THE BISHOP AUTOPSY.

The death of Washington Irving Bishop, the mind reader, and the subsequent autopsy, have resulted in the trial of the physicians engaged in it, on the charge of having illegally dissected the body.

It appears that Bishop died at the Lamb's Club, in New York City, about five hours before the autopsy was performed. On the night before he had been giving an exhibition of his powers to a party of about one hundred gentlemen, when he was seized with a hystero-epileptic fit, in which he fell to the floor. Dr. John Arthur Irwin, who was present, examined him and cautioned him not to go on with the exhibition. But upon growing stronger he persisted in going on and a recurrence of the fit resulted. He was not considered

in any danger, but at four o'clock in the morning he began to sink, and after that he never became conscious.

Great curiosity was aroused among his acquaintances and medical men generally, to know what peculiar brain he possessed to enable him to perform his tricks. He had frequently said that he didn't know himself and that nothing but an autopsy would reveal it. Some of his friends advised an autopsy and it was accordingly performed, but his mother who had not been consulted insisted that her son had not been dead when his brain was removed, and even went so far as to charge the doctors with having murdered him. She alleged that he was subject to cataleptic fits or trances, and that he was in one of these when the scalpel was used.

Dr. Irwin was tried on the above charge at General Sessions, before Judge Fitzgerald. If convicted, the defendant might be sent to the penitentiary and fined.

The prosecution alleged that Dr. Irwin, Dr. Frank Ferguson and Irwin H. Hance, on May 13, 1889, performed an autopsy on Bishop's body without having obtained the consent of his relatives, as they had been ordered to do by the coroner. It was also insisted that there had been no necessity for the autopsy as the cause of death was well known.

Dr. Frank Ferguson, who was called as a witness for the prosecution, testified that he is connected with the New York Hospital, and had performed over four thousand autopsies. That he examined Bishop's body with the greatest possible care, and was very emphatic in declaring that there was no room for doubt that the man was dead. That he took away portions of the liver, kidneys, lungs, heart and brain, and submitted them to a microscopic examination. He swore that the autopsy was made for the sole purpose of ascertaining the cause of death. It was not such a dissection as would be made for an anatomical demonstration.

Dr. Charles C. Lee, of Madison avenue, testified that he was called by Dr. Irwin for consultation on the morning of Mr. Bishop's death. He approved of the treatment Dr. Irwin was giving the patient and helped continue it. After the patient's death, Dr. Irwin told him that on account of the manner of death and the state of Bishop's mind he was anxious to have an autopsy, and said that he was going to telegraph to the family in Philadelphia for their consent.

Here the prosecution rested, and Mr. Moran, for the defense, moved to dismiss the case. This motion was overruled, and Mr. Moran told the jury that he expected to prove for the defense, that the autopsy was held for the sole purpose of determining the cause of death and that the defendant did nothing more. And, further, that Bishop had requested Dr. Irwin to perform an

autopsy. The request, he claimed, was made a few hours before Bishop's death and fully justified the autopsy.

Dr. Irwin then took the witness-stand in his own behalf, and said that he went to the Lamb's Club of which he is a member, at midnight, and found Bishop entertaining the members. Bishop asked him to feel his pulse. He did so, and advised him to discontinue the performance. Bishop persisted, however, and fell in a hystero-cataleptic fit. He had the patient carried up stairs, where he revived and discussed the case with witness and told him of other physicians who had treated him. Witness told him he must stop as certain changes were then taking place in his brain owing to a disease he had previously contracted, and that death would ensue if he kept up his work. Bishop retorted, "Oh, you will find that out at the autopsy."

On cross-examination, the doctor said that he had ordered the autopsy in order to determine the cause of death. He was now prepared to say that the immediate cause of death was hemorrhage caused by hystero-catalepsy, but that the latter was caused by another disease, the nature of which witness would not reveal.

Four reputable witnesses succeeded Dr. Irwin, all of whom swore that Bishop had frequently said, on being questioned about his mysterious powers, that "the reason of it will only be revealed when I am dead."

The testimony did not show that the autopsy had disclosed the cause of Bishop's remarkable powers.

The jury failed to agree, and it is doubtful whether a second trial will be had.

#### AMBULANCE SURGEONS.

So much has been said in this column, of late, in regard to ambulance surgeons, that we hesitate to renew the subject this month. And it is only because the authorities, executive and judicial, show signs of waking up, that we again refer to it.

Two Brooklyn ambulance surgeons, one from the Long Island College Hospital, the other from the Eastern District Hospital, are just now having a hard time in explaining the charges of neglect of duty preferred against them.

The former, who refused three times to remove a sick man from the Butler street court, and was finally induced to take the patient to his home, by threats of the court officers, called at the Health Department in obedience to a summons from Commissioner Griffin.

He started out to tell Secretary Baker how the affair occurred, but was informed that a verbal report would not do; and was ordered back to the hospital to prepare a written statement, upon which Commissioner Griffin will decide the case. Needham, the neglected patient, is still in a critical condition.

In the Lee Avenue Police Court, in Brooklyn, a defendant charged with assaulting a special officer, when called to the bar, staggered. His head was swathed in bandages and his face and clothing covered with thickly clotted blood. Justice Patterson said: "This man is dying now. I can not send him to prison. I will not take the responsibility on my shoulders. Send for an ambulance, and have him taken to St. Catharine's Hospital."

On the arrival of the ambulance from the Eastern District Hospital, the surgeon, seeing that the man had already been attended by another doctor, refused to have anything to do with the prisoner. The Justice, hearing of this, called the surgeon to the bar, and demanded an explanation.

"I can not be responsible for this man," said the surgeon. "He has already been attended to, and it is against the rules!"

"If he dies, you'll be responsible; I'll take care of that," answered the Justice.

"Can not help it," answered the doctor, and immediately the Justice told the man to go home and appear on Friday.

Of course this was probably a little conflict of authority between the doctor and the Justice. And from the fact that the prisoner was "sent home," to appear on another day, even the Justice could not have feared immediate danger of death. Still, the two cases cited would indicate that both the Commissioners of Charities and the Justice quoted are disposed to concede some rights to a long-suffering public. We may eventually find out what ambulance surgeons are for.

#### SOME ABUSES, ETC.—LIABILITY FOR HOSPITAL CHARGES.—DAMAGES FOR DISTRESS OF MIND.—AN ASTROLOGER'S SUIT.—ELECTRICAL EXECUTIONS.

BY HENRY A. RILEY, A. B., LL. B., NEW YORK.

#### SOME ABUSES WHICH SHOULD BE REMEDIED.

PHILANTHROPISTS and promoters of criminal reform have been accustomed to inveigh with emphasis against the cruelties of the convict lease system at the South, but recent occurrences in our own State show that inhumanity and brutality are not the monopoly of any locality or class of people. The action of the ambulance surgeons in refusing to take an injured and drunken sailor to the Chambers Street Hospital, in this city, when their attention had been called to the case two or three times, does not seem to have been satisfactorily explained, although the authorities of the hospital have exonerated the surgeons after hearing their version of the case. The censure of the coroner's jury is still on record against them. And now comes the report of the commission appointed to investigate the charges of ill-treatment of convicts at the State Prison at Clinton. The charges were found to be true, and be-

sides many administrative abuses, it was shown that the convicts were "paddled," strung up by one arm with rope and pulley, and confined on short allowance in dungeons. The warden is exempted from the charges of dishonesty, but is held guilty of neglecting to keep a record for entries of complaints, or to provide means for convicts to make complaints, or to teach the prisoners, or direct the labor of the prison with reference to fitting the convicts to maintain themselves when discharged. The commission reported that cruel punishments were permitted in violence of law and made recommendations tending to more humane punishment of unruly convicts, the better employment of the prisoners, the selection of better men for keepers, and a general reform of the government of the prison.

The report made to the mayor in regard to the accommodations and treatment of the insane on Blackwell's, Ward's and Hart's Islands is in the same general line as that of the Clinton State Prison, though the officials and attendants are acquitted of any charges of cruelty and brutality. The condition of the pauper insane is, nevertheless, a disgrace to our city, and it is not overstated in one of the daily papers, which says: "The trouble is that knowledge and skill and conscience are almost utterly defeated by the conditions against which they are forced to contend. Some good buildings there are, but all, good and bad, are overcrowded to the verge of suffocation."

"The total capacity of the Blackwell's Island institutions is 1,091; the actual number of lunatics huddled there is 1,824. The wooden pavilions are pervaded by an intolerable stench, but in winter fresh air can not be let in through the windows because the heating arrangements are worthless. In cold weather it is impossible even to scour them, for the water would freeze on the walls and floors. The beds touch each other all down the sides of the buildings, and the inmates have to scramble over the footboards to lie down. In these cold and desolate quarters what possible chance of comfort or betterment exists."

"But even this is not the last extreme of maltreatment and misery. On Hart's Island the conditions are still worse."

"The flimsy hemlock barracks, which were built for the temporary shelter of soldiers a quarter of a century ago, are now incapable even of keeping out the rain. Birds fly in and out through rents in the walls."

"They are so dilapidated that they scarcely even offer a pretence of shelter. They are not fit to keep cattle in. But foul, rotten, freezing, pestilential as they are, they are the home of fifteen hundred human beings."

"And just across a little stretch of water is a great, rich, prosperous, generous city."

Surely we are in a glass house and should be careful with our projectiles.

#### LIABILITY FOR HOSPITAL CHARGES.

A remarkable suit has just been begun in the United States Circuit Court, at San Francisco, which will be of much interest to hospital officials if it is prosecuted to a conclusion in the higher courts. It is brought by the St. Vincent's Institution for the Insane, of St. Louis, against John T. Davis, of Stockton, Cal., a wealthy Californian.

In 1870, Davis, who owned several valuable ranches, brought his wife to the Stockton Insane Asylum. She had been adjudged insane and physicians said there was small hope of her recovery.

Davis left his wife there for two years and then removed her to St. Louis, where he placed her in an asylum conducted by Sisters of Charity. He kept her there until 1876. Shortly after he had taken her away, a woman was found insensible at a lonely spot in Belleville, Ill., and from papers on her person it was found she had been in a St. Louis asylum. She was removed to St. Vincent's and has been in that institution ever since.

A few months ago the St. Vincent's managers discovered that Davis was in California and they made a demand upon him for his wife's maintenance for fifteen years, amounting to over \$5,000. He responded with a check for \$600, but asserted that the balance was outlawed by the statute of limitations.

Davis is estimated to be worth \$400,000. His real name is Mordecai Vancil, and his father, E. C. Vancil, is still living at Modesto, Ill. Mordecai got into trouble thirty years ago and was held for horse stealing. He skipped his bail and came West, changing his name to Davis.

It is hardly probable that the defence of outlawry will avail, considering the fact that Davis was not known of until recently, and has been for all these years out of the State of Missouri.

#### DAMAGES FOR DISTRESS OF MIND.

The Texas Supreme Court has always sustained the principle that anguish of mind is a good ground for awarding damages, and in this position is followed by one or two other States, though the great majority have adopted the opposite view.

In a recent case the principle has been extended and this is in part the decision of the Court. "A wife can recover damages for distress of mind occasioned by negligent delay of a railroad company in the transportation of her husband's corpse. We are unable to distinguish in principle this case from those in which recoveries against telegraph companies have been allowed for failure to deliver with promptness messages announcing the death or mortal illness of near relatives."

"Such cases are exceptional. As a rule, mental suffering is not an element of the damages which are recoverable for breach of a contract, or in an action for a tort founded upon a right



growing out of a contract. Ordinarily the object of sending a telegraphic message announcing the death or sickness of a relative is to afford the person to be benefited the solace that may result from being present during the last illness of the relative, or attending his obsequies, as the case may be. The direct result of the failure to perform the duty of delivering the message being to deprive the person addressed of this solace and to cause distress of mind, it is not unreasonable that he should have his compensation therefor.

"It is upon this principle, in my own opinion, that the decisions of this Court in the telegraphic cases are to be maintained. The same principle applies to this case. But however this may be, we see no valid reason why, if a recovery can be had for mental suffering resulting from the failure to deliver a telegraph message announcing the death, like damages should be here denied."

#### AN ASTROLOGER'S SUIT.

In January, 1889, a woman named Anderson committed suicide at Brockton, Mass., after having killed two of her children by giving them chloroform.

Mrs. Anderson stated before she died that she had consulted an astrologer named George H. George, and from him obtained some information about her family which led her to commit the crime of murder and suicide.

George was arrested as an accessory before the fact, but was discharged when the matter was brought before the Grand Jury.

He has now brought suit against the Judge and Clerk of the Municipal Court and the police officer who arrested him.

He asks damages of \$1,000 against each of these parties for false arrest and imprisonment.

The case will be watched with some interest, but it is not probable that a verdict against the authorities will be rendered.

#### ELECTRICAL EXECUTIONS.

The recent execution by electricity of McElvaine, the murderer of the Brooklyn grocer, Luca, seems to have met every requirement of quickness and painlessness; and as the new law allowing the presence of newspaper reporters had gone into effect before the execution, there has been heard no longer the hysterical howl for the repeal of the law directing executions to be by the electrical current.

It is safe to say that this mode of execution has come to stay in this State; and after a little more time for testing, it is probable that other States will be inclined to follow our example.

Clado, in a monograph on the "Appendix Vermiformis," states that its functions are those of a gland, not an absorbing organ, and it may be considered an intestinal tonsil.

#### THE FUNCTION OF THE UTERINE GLANDS.

By A. D. BARR, M. D.\*

IT HAS been repeatedly observed that the uterine glands normally secrete a fluid the function of which, as far as I know, has not been discovered; it has also been stated by some that the secretion is principally from the cervical glands.

The secretion really comes from the glands of both the cervix and the body of the uterus. It is a thick, almost transparent, viscous secretion, that is never normally secreted in any very considerable amount, except under the stimulus of sexual intercourse, and it is then secreted in far greater amount if intercourse takes place within the first ten or twelve days after menstruation, than when it occurs at a later period. After making this discovery, I pursued the investigation, and found that the secretion of the womb plays one of the most important parts in the economy. It having been settled for years that pregnancy is liable to follow if the semen is deposited merely into the vagina, the question naturally arises: How does the semen gain admission into the uterus, and that, too, in direct opposition to the attraction of gravity? This question has been answered, heretofore, by the vibratory motion of the spermatozoa. While they possess this motion, it is hardly consistent with our knowledge of physical forces to suppose that the spermatozoa can raise themselves, contrary to gravity, over so great a distance, compared to their size, as from the neighborhood of the os uteri into the cavity of the uterus, which situation they must gain before they can accomplish the purpose for which they were destined.

Of course, such a thing might take place once in a lifetime, but if this were the mode that the fertilizing agent gained access to the ovum, pregnancy would not occur oftener than does ovarian or abdominal pregnancy; for from repeated observations when intercourse was known to have taken place, varying from a few to twenty-four hours, I have found that the semen is deposited near the os uteri; and not one time in twenty, if ever, is it injected into the uterus.

Therefore, some means must be provided by Nature to accomplish her ends; and, as in all her work, she has adopted the surest means and in perfect harmony with the laws of physics.

As before stated, the uterine glands normally secrete a fluid which is increased under the stimulus of intercourse. This fluid is of greater specific gravity than the semen.

When intercourse occurs, the two fluids are mingled together. The secretion of the uterus is suspended from the inside of that organ, and requires more than the force of gravity to detach it. Therefore, when it comes in contact with the se-

\* *Courier of Medicine*, February, 1892.

men, the latter, being of less specific gravity, will, of course, rise to the top, and thus be conveyed into the cavity of the uterus.

Often have I seen the uterine secretion suspended from the inside of the uterus in considerable quantity, so much so that it filled the os uteri and extended some distance into the vagina.

Upon the removal of this fluid after intercourse has taken place, it is found to be saturated with the semen, thus furnishing unmistakable evidence that it is the means by which the semen finds access to the cavity of the uterus. As to the exact locality at which the ovum comes in contact with the semen, I am unable to say; but as I can find no reasonable means whereby the semen can be conveyed any further than the cavity of the uterus, I am forced to the conclusion that pregnancy takes place in this cavity and not in the Fallopian tubes or on the surface of the ovary, as some physiologists have supposed. Whether the uterus ceases to produce this secretion after the menopause is a question I have not had the opportunity of determining; and also whether a lack of this secretion may not in some cases be the cause of sterility.

#### ADDRESS ON THE METHODS OF MEDICAL EDUCATION.—SHALL IT BE BY LECTURES OR RECITATIONS?\*

By T. GRISWOLD COMSTOCK, A. M., M. D., PH. D.,  
ST. LOUIS.

**T**HE best methods of medical education and every other education has not yet been settled with any degree of unanimity.

The question to be discussed is, plainly, what are the best methods of acquiring a first-class medical culture and *educing* the "Doctor optimus?"

Education, which is really synonymous with evolution, is the one word that expresses all the difference that lies between barbarism and our noblest civilization.

Education is the evolution of science, art, invention and discovery, and all the grandest things that man in a progressive state has accomplished and made monumental in history.

The civilized world for forty centuries has been in a constant struggle to develop its noblest powers through culture, but this has been done through brain sweat and the agony of myriad failures, and even now the many plans and methods insisted upon for the sake of obtaining the highest culture are so various that the best modes of study and acquisition have not been wholly settled.

In the classic days of Greece there were no primary schools, no kindergartens, and, in fact,

no schools for children; but in the Groves of Academus Socrates taught the youth of Athens in the double methods—by lecture and interrogation—in the *Socratic method*, and Aristotle taught them in the Lyceum of Athens. Plato, Zenophon and Alcibiades were developed, and won fame in all the ages for profound intellectual culture, and there were hundreds more whom the relentless tides of Time have swept into oblivion.

Doubtless there were recitations and discussions, questions and answers, and also a great deal of oral teaching was given—what we call lectures—but the question is still mooted, which is the better way, all lecture or no lectures, all recitation or no recitations.

We know that the practice of the medical universities of Europe, Berlin, Vienna and Paris is almost wholly devoted to lectures; except in the gymnasium and the lower schools, there is little done in recitation.

The pupil does the listening, if not weary and sleeping, while the professor, not always attractive or brilliant, does the talking, and thus, attending a course of lectures, entitles the graduate to a "*Prüfung*" (rigorosum), and, if satisfactory, then to a diploma, but this diploma gives no right to practice medicine in Europe. In addition, he must pass a long and thorough and painful examination by the Government authorities ("*Staats Examen*") before he is permitted to write a single prescription, or give a prognosis of any disease. I pause here a moment to say that is just what should be in every State of the Union; neither should we accept the dicta of home-made or foreign diplomas, until a thorough examination has verified them.

In Massachusetts, Pennsylvania, Connecticut, Missouri and some other States, they accept, almost without a question, the diploma of a foreigner who is a graduate of some university of any country in Europe, Mexico, or South America. This diploma is at once acknowledged, and a certificate issued, licensing the Englishman, Frenchman or other alien to practice. In these same countries, where these aliens come from, they totally ignore our diplomas. In France, at present, no American can practice unless he graduates from a French university. Our near neighbors, the Canadians, do not allow our professional men to practice there. Let us, in great United States, have sufficient self-respect to require of foreign doctors the same rules that their own governments impose upon us when we wish to practice in a foreign country.

A severe and thorough examination (like the "*Staats Examen*" in Germany) should tell the right of a graduate to practice. A diploma is not sufficient. What right have the graduates of Europe or Canada, armed only with a college diploma, to come here to practice, without examination, upon the lives of free-born American citi-

\*Read before the meeting of the American Institute of Homoeopathy, at Washington, June 15, 1892.

zens when our physicians are not allowed to practice there? Reciprocity is a principle as good in medicine as in merchandise. Why should we give more credit to the foreign diploma than is allowed to ours? Nothing is more dear to an American than fair play.

This State Board examination should ascertain what the graduate knows of himself, not what he has heard some lecturer say on the subject in some college, whether in Vienna or Berlin or Montreal. They are not allowed to practice in their own country on their diploma, but they presume to come here and take advantage of our slack methods. And now a special word in point. In the face of the practice of Medical Colleges in Europe, I shall insist upon the urgent necessity of studies by recitations, and even bedside studies, in addition to lectures. The truth is that the young graduate should gain some practice in medicine before he begins to practice. I trust this apparent solecism will be taken in good part, not recitations alone, not lectures alone, but a mixture of both methods should prevail, and the best results will come from a thorough drill in recitation and bedside practice.

The whole civilized world, since any system of education has been in vogue, has recognized the necessity of the drill which only recitations, thorough and exact can produce.

What proficiency could be achieved if a regiment of soldiers should hear lectures on the manual of arms, and never have anything but the theory to go on?

If there is any one thing more needed than another, it is the exact and thorough mastery of medicine and disease, and this must come through the ministry of all the faculties and the senses through the eye and ear, through the brain sweat and the constant drill of memory, and by hard work, and not merely by the ear.

It may be very nice and wonderfully easy to listen to the learned professor, but we must study the authorities for ourselves, and there is no better test of exact knowledge than by recitation.

There are two distinct methods of human culture, one refers to the great fact of receptivity, or the receiving of facts and data from all history, science and thought, that is what men have said and done. The true scholar is always a receiver, and in his profession he must give account of his receivership—"Qui non proficit deficit." In this sense the mind and the memory are a sort of hopper to gather facts and history, and adjust the same, while this is of the last importance it is not all by any means.

The mind must give out as well as take in, and this is the true process of education.

Grass and grain are good for milk and cream, but the digestive and internal arrangements are necessary to convert the coarse material into the finer product, so the knowledge poured into the

mind must be worked out by internal processes to get the best results—for what is education? It is a grand word full of meaning. It is the culture, the educating of the mind, not filling it up with outside matter, it is the leading out of the mental powers, an intellectual development, an education, an evolution.

The original Latin word, education, means the culture and discipline of the mental forces, thus training the faculties to act upon whatever comes in contact with the mind as a fact, a science, a theory or a philosophy.

The medical student is not merely to be a receptive automaton, and to receive his education through the auditory nerve alone. With every sense and faculty alert, he must use the midnight oil. He must dig and delve and develop and put into shape for active duty what he knows, and this he can best do by faithful study and recitation, and all his professional study and work must be based upon a preliminary classical education. Latin and mathematics should come before professional studies. I believe in a thorough education—*Non doctior, sed meliore imbutus doctrina* (Not more doctors, but doctors better taught).

"Let us then be up and doing,  
With a heart for any fate,  
Still achieving, still pursuing—  
Learn to labor and to wait."

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## CLINIQUE.

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### TRUE CONSERVATISM IN GYNECOLOGICAL SURGERY.\*

BY PROF. R. LUDLUM, M. D., CHICAGO.

IN these latter days we often hear of a lack of conservatism in gynecological surgery; and the charge is a just one. For it sometimes happens that those who are tempted to operate do so on insufficient grounds; without a proper consideration of the possible outcome for the patient, and for the practitioner; and before other means have been faithfully and skillfully tried and have failed. It is the old story of being carried away by a new kind of variety of resource; a bias for the new instead of the old; of the want of due discrimination in diagnosis and prognosis, and possibly, in some cases of an unconscious illustration of the definition offered by Sir William Lawrence when he said that "surgical cases are those that pay fees, the rest are medical."

As it is often applied to this department of surgery the word conservative is very much abused. Its meaning is, at all points to conserve and to preserve the patient's physical health and welfare. It would shield her from all harmful influences including those which, unfortunately for all concerned, are within easy reach of any-

\* The Clinique.



body, young or old, who has a mania for operating, and whose thoughtless work is none the less mischievous because it is well meant. But it not only protects against the manual measures which are so harmful when they are misapplied; its scope as a safeguard is equally opposed to letting the patient drift by doing nothing; by avoiding all active interference while the disease continues to develop; and by trusting too implicitly to uncertain, theoretical, and traditional means in an aimless, fruitless way.

So you see that those who operate in a reckless manner in this or in other departments of surgery are not, and can not be, conservative; and those who on the other hand are so radical that they will do anything, everything or nothing in order to avoid surgical intervention, are in no proper sense conservative in their practice. Both extremes of behavior are wrong and injurious, and whoever practices either of them exclusively is not a safe advisor.

Some years ago Dr. Carnochan, of New York, defined insanity as "correct reasoning from false premises." There is a form of surgical insanity which sometimes drives those who should know better to operating upon women indiscriminately, without regard to consequences, medical, moral, or miscellaneous. The premises upon which their action is based are unsound and illogical, and the outcome is what we might reasonably expect.

And by the same token, it is not rare for the so-called conservative physician to argue that internal remedies are all-sufficient, or should be, because there is a law of cure for ordinary ailments which, even in desperate cases, go on to recovery without recourse to the knife. The reasoning is sound but the premise is wrong, and it is a shame to let a woman linger and finally go down to death with such a tumor as this, because there is a squint in our logic, or a sneaking fear of doing something prompt and efficacious simply because it is surgical. \* \* \*

Whether or not the case comes within the scope of operative surgery will depend upon circumstances. If it shall happen that the natural and inevitable tendency of the disease in question is to a destruction of the bodily tissues, or to the development of a morbid growth that will sap the patient's strength and drain her nutritive resources, while it vitiates her blood and infects her system, it may be best and necessary to resort to surgical interference at an early stage and not to waste time in experimenting with the milder and more doubtful methods. Where these means have already been tested without beneficial result, such resources are often called for and their application should not be delayed.

In cases of abdominal growths in those who by accident or inheritance are predisposed to tumors of any kind, or to such constitutional diseases as cancer or tuberculosis, it certainly is often best

to give the patient the benefit of an early operation while the lesion is local and limited, and before it has undergone any destructive change of structure. No phase or conservative surgery is more satisfactory in its results than a resort to plastic operations upon the cervix-uteri, the vagina, the bladder, and the perineum. For its action is prophylactic and preventive of consequences that would be disastrous. It is our surgical duty to avert them; for no exclusively internal treatment will cure them.

Gynecological surgery is conservative also when it considers the peculiar circumstances under which our patients are placed. The class of women who come to this clinic are not able to bear the expense of a prolonged course of treatment that would send them to bed and keep them there, off duty, for months and years perhaps. They must get well in the shortest possible time and with the least expense. If a woman of this class comes to us with a small ovarian cyst, or with undoubted pyosalpinx, and she will sooner or later need an operation, we tell her frankly that the shortest and safest way out of her difficulty is to have the operation made as soon as we can get her ready, and as soon as your numerous engagements will permit.

If, however, the patient is so situated that time and expense are no consideration; if she wants to wait until she has spent a small fortune, and all of her friends are ready and willing to have something done, it may be best to indulge her preference and to postpone radical interference for a time. But the conservative character of our advice in this case will partake of the nature of a warning that such delays are doubly dangerous: (1) Because meanwhile such patients run the risk of being tampered with; and (2) Because the inevitable tendency of such lesions is to go on from bad to worse, developing complications that might have been averted.

#### DIETETIC THERAPEUTICS.

**Physico-Chemical Researches on the Alimentary Features of Milk.**—In an interesting communication to the *Journal de Médecine de Paris*, Jolly calls attention to the necessity of a due proportion of phosphate of lime in milk, in order that it shall be capable of maintaining nutrition. Milk, to properly nourish an infant, and supply a sufficient quantity of phosphate of lime for the purposes of ossification, should contain at least 1.25 g. of phosphate of lime per litre. The needs of the infant economy are abundantly provided for by normal human milk, which contains about 450 g. of mineral constituents per litre, of which about one-half, or 255 g., is phosphate of lime. The writer cites three illustrative cases in which, although the nurses appeared perfectly healthy and vigorous, the children did not thrive. An analysis of the milk in each instance showed it to be deficient in mineral salts, while the fat and casein (one or both) was relatively abundant.

The phosphatic composition of the milk of the cow similarly undergoes considerable variations, dependent upon the quality of the food and the abundance of the lacteal

secretion. While it is not uncommon to find milk containing four or five g. of phosphates, Jolly has met with a natural milk, not adulterated, which, while it contained the organic constituents in nearly normal proportions, had only 1.05 g. of the different phosphates per litre; that is to say, a quantity absolutely insufficient to serve usefully as food for an infant.

The examples given are intended to show that the natural richness of woman's milk, and cow's milk, is not always so great as some analyses seem to indicate; that the phosphatic richness of a milk has not only a considerable importance with reference to ossification in the child, but also as to its general growth.

In consequence, the determination of the phosphoric acid in milk must be made before its nutritive value can be known.

**A Plea for the More Liberal Use of Butter** (*Hutchinson's Archives of Surgery*).—No dietetic reform would, I believe, be more conducive to improved health among children, and especially to the prevention of tuberculosis, than an increase in the consumption of butter. Our children are trained to take butter with great restraint, and are told that it is greedy and extravagant to eat much of it. It is regarded as a luxury, and as giving a relish to bread, rather than as in itself a most important article of food. Even in private families of the wealthier classes these rules prevail at table, and at schools and public boarding establishments they receive strong reinforcements from economical motives. Minute allowances of butter are served out to those who would gladly consume five times the quantity. Where the house income makes this a matter of necessity, there is little more to be said than that it is often a costly economy. Enfeebled health may easily entail a far heavier expense than a more liberal breakfast table would have done. Cod liver oil costs more than butter, and it is besides often not resorted to till too late. Instead of restricting a child's consumption of butter, I would encourage it. Let the limit be the power of digestion and the tendency to biliousness. Most children may be allowed to follow their own inclinations, and will not take more than is good for them. The butter should be of the best and taken cold. Bread, dry toast, biscuits, potatoes and rice are good vehicles. Children well supplied with butter feel the cold less than others, and resist the influenza better. They do not "catch cold" so easily. In speaking of children I by no means intend to exclude other ages, especially young adults. Grown-up persons, however, take other animal fats more freely than most children do, and are besides allowed much freer selections as to both quality and quantity. It is not so necessary to raise any clamor for reform on their account.

**Lithia Water in Lithæmia.**—Dr. William A. Hammond says: "There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not as yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithæmia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithæmic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

"Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which

there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more in the twenty-four hours. By this course the urine, after a few days, ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

"I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water."

**Treatment of Diabetes.**—Dujardin-Beaumetz (*Cochin Hosp. Lectures, in Therapeutic Gazette*) advises that a most rigorous dietary be prescribed. Eggs, meat, fowls and green vegetable are allowed. Fatty food is useful and may be in the form of oils, fish canned in oil, bacon, pork and butter. Gluten bread is allowed. The patient may take at each meal three ounces of boiled potatoes. All starchy foods are forbidden. *Nor is milk allowed.* Tea and coffee may be sweetened with saccharin. It is important that sauces and gravies containing flour should not be used. Wine may be taken diluted with vichy. Distilled liquors are prohibited. A combination of carbonate of lithium with a small dose of liquor potassii arsenitis is given twice a day. Fifteen grains of antipyrin are given after each meal. The author considers it important that the mouth should be thoroughly cleansed after eating. A boracic acid antiseptic solution is recommended. A sponge bath with warm water, followed by vigorous rubbing, is strongly advocated. It is considered highly important that the cutaneous surface should be in a state of well marked activity. Mild exercise, regular in its performance, is an adjunct to treatment. The author condemns the skimmed milk treatment of Donkin, believing that the use of milk increases the amount of sugar excreted. The lactose has, in addition, a well marked diuretic action. Saccharin may be freely given, and but rarely produces any unpleasant effects. The author evidently believes the polyuria of diabetes to be of neurotic origin. Antipyrin, phenacetin, and exalgin may all be used to reduce it. He mentions cases where the urine was greatly reduced.

The amount of sugar is also reduced by antipyrin. The author considers the question of the duration of the diabetic diet. From the conclusion which he draws, it would seem that an improvement in diabetes is to be expected rather than a cure. If the former is obtained the author is satisfied with his treatment. The careful diet is continued until the sugar has entirely disappeared or is much diminished. Then, on the ground that the prescribed diet, if too long continued, will enfeeble the patient, a more generous allowance is given. This may cause a reappearance of the sugar, but if the amount be not over 150 grains a day, the glycosuria is not considered deleterious to the patient.

**Coffee as a Cause of Pruritus Ani.**—A correspondent thus relates a personal experience: "For many years I suffered from the most aggravated form of pruritus ani, which refused to yield to any of the many remedies applied for its relief; nothing seemed to have the slightest effect in ameliorating the torture to which the intense itching subjected me. After exhausting the pharmacopœia I began to abstain from certain articles of food; one after another was dropped from my dietary for several weeks, but without effect until coffee was reached. An abstinence for a period of two or three weeks resulted in complete relief from the distressing symptoms. As a matter of experiment the use of coffee was resumed for several days with the effect of reproducing the pruritus; the experiment was tried several times with the same result. A year without coffee has been to me a year without pruritus."

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IT IS the custom of nearly all medical journals to continue subscriptions until notified that the journal is no longer wanted, or it becomes apparent to the publisher that there is no intention of the subscriber ever making any pecuniary return. The law holds a subscriber responsible for a periodical so long as it is taken from the office, and yet a medical journal very seldom avails itself of this very wise legal provision. Every year a bill is sent to each subscriber with the amount of indebtedness. It is certainly not too much to ask if the journal is wanted, a prompt return of the subscription, and if it is not wanted a postal asking for its discontinuance. A second notice from a subscriber to discontinue will never be needed. The publisher of the MEDICAL TIMES, while always glad to extend its circulation, has no wish to have that circulation include a single person who does not find something of interest in its pages. The conducting of a medical journal is in no sense a money making business, more especially when it is entirely independent of great publishing or drug houses to whom it may be important as an advertising medium. Again the publisher assures its readers that while he warmly appreciates every effort in the past of the friends of the TIMES to extend its circulation, any notice to discontinue will be promptly heeded.

**Erratum.**—In the leading editorial in July, by a typographical error the writer was made to say precisely the reverse of what he intended. The twenty-second line should read "we have never assumed" instead of "we have here assumed."

## SUMMER DIARRHŒA IN CHILDREN.

DURING the week ending July 16th, the great heat and the atmosphere saturated with moisture produced an immense amount of diarrhœa among children everywhere, which was especially fatal in the densely populated centers of large cities. In New York, with an absence from the city of a large per cent. of the population who have the means to go into the country, the number of deaths was 1,336, which upon an estimated population of 1,830,000, and it is really much less at this season of the year, would be 38.09 per cent. Nine hundred deaths occurred in the tenement districts, the majority being children who succumbed to either cholera infantum, infant diarrhœa or other diseases incident to warm weather. No less than 862 children died under the age of five years, and of that number 660 were babies less than a year old.

Among the poor as well as among the rich, almost one-half of the infants who die before the end of the first year do so before they are one month old, the low vitality rendering them unable to resist the active causes of disease almost always present, and every day of life diminishes the danger of mortality.

In all cases of summer diarrhœa little can be accomplished unless clean food enters a clean stomach and the detritus charged as it often is with bacteria be cleaned from the intestinal track. When the diarrhœa has its origin in the small intestines mostly, it is more copious and there is more rumbling of gas. Where the colon is chiefly or equally affected, the stools are less copious and more frequent, expelled with a gush and sometimes with traces of blood and tenesmus. White dry putty stools are chiefly from fermented fat in which there has been but little mixture of billiary secretions. Inflammation, irritation or apathy of either extremity is easily diagnosed, that of the stomach requiring the first and most careful attention. In sterilizing milk, and if cows' milk is used it should always be sterilized, it has been shown conclusively that it should *not* be brought to quite a boiling point, but held at a few degrees below, from fifteen to twenty minutes. With an Arnold's sterilizer this can easily be accomplished, and also with a little care by the ordinary method of heating. The food should as closely resemble the mother's milk as possible. The use of bi-carb of soda by rendering the milk alkaline, favors the formation of those ptomaines which we try to avoid in sterilizing the milk. As lactic acid appears first in the process of digestion and is followed by pepsin and hydrochloric



acid, it would seem natural that instead of adding an alkali to the milk in cases of indigestion we should add lactic acid to aid the stomach in its first act of digestion. That this is true we have demonstrated over and over again in children who were literally starving from failure of the digestion and assimilation of food. A month ago a child was brought to us from a neighboring town, emaciated to a fearful extent. The skin seemed to be drawn over its bones like parchment, the stools were white and pasty, and its extremities cold and pallid. The bowels were emptied by a laxative, but no other medicine given, and the child placed upon *matzoon*, a fermented milk which develops in the process of fermentation lactic acid. The improvement was immediate and continuous, as the digestion improved the *matzoon* was discontinued on account of the difficulty of obtaining it, and a small amount of pure lactic acid added to the milk. The child is gaining every day and the parents justly feel that it has been rescued from speedy death.

Aside from the careful attention to food, in the way of remedial agents in summer diarrhoea, we see that the intestinal track is emptied of all irritating substances, and if there is an apathy of the stomach a few doses, perhaps, of some preparation of mercury—we like best calomel in the first decimal trituration—may be given. The irritation, we find, is best relieved with aconite alone, or, what is better, with ipecac, say from three to five drops of the former to five or ten of the latter in four ounces of water, a teaspoon frequently repeated, say every hour or half hour. Other remedies, of course, may be indicated, more especially if pathological changes are taking place, such as the astringent action of bismuth, either alone or in connection with ipecac, but we have generally found for the simple stomach and intestinal irritation, and the fever often accompanying it, the aconite and ipecac do excellent work. The bath should never be forgotten in acute cholera infantum. Dr. Baruch, who has given special attention to baths, says the child should be put full length in a tub of water, the temperature of which at first blood heat, gradually lowered to 80°, the head and face bathed with ice water. If there is marked cerebral disturbance, water of 60 might be poured over the head and shoulders. If the temperature is above 103, the child should be taken out at the end of fifteen minutes, rolled in a blanket and allowed to dry; but if below 103, it should be rubbed dry and clothed at once. Baths may be freely used in summer diarrhoea, but in those forms of diarrhoea resembling chronic adynamia

from innutrition general ablutions night and morning are preferable to baths.

#### THE SICK POOR.

THERE are districts in New York more densely populated than can be found in any other city in the world, forming, many of them, great centers of nationalities. A glance at the steps taken each summer by our Board of Health and district organizations to care for the sick poor during the summer months will be full of interest, showing the better side of humanity. The city is divided below the Harlem River into fifty districts, to each of which is assigned a physician, who receives from the city \$200 for eight weeks service. The physicians are required to visit the tenement houses especially, and every suite of apartments or domicile therein, seeking the sick and prescribing for them if found without other medical attendance. Each case is to be treated continuously, so long as it may be necessary, the same as if it were a private patient.

One of the definite objects during these visits is, so far as possible, to prevent as well as treat disease. To this end observe the general sanitary conditions of each domicile, and cause the occupant to remove, so far as possible, any and all sources of contamination of the atmosphere of the rooms, insisting upon thorough cleanliness of kitchen sinks, floors and household utensils, clothing and persons. Should they discover defective plumbing, bad drainage, wet cellars, filthy yards or areas, or other unsanitary conditions requiring a more expert examination, they will forward a memorandum slip, giving the date, place and nature of the nuisance to their chief medical officer.

If the public portions of the houses, such as halls, staircases, yards, areas or cellars, are found filthy with dirt and accumulated rubbish, notify the janitor, housekeeper or any person responsible for the care thereof, that these unsanitary conditions must be removed at once. Personal effort and repeated revisits will secure these improvements promptly. Any case of contagious disease, such as scarlet, typhoid or typhus fever, measles, small-pox or cholera, will immediately be reported to the chief.

The St. John's Guild, Juvenile Guardian Society and many other organizations make weekly excursions to the sea-side and distribute food to the sick, while the great daily papers have either their own staff of physicians and visitors or weekly find homes for large companies of children for a few days in the country. There are none so poor, even in the crowded parts of the

city, who can not obtain for their sick children every week an outing for a day or more, and skillful medical attendance free of charge in their own home. Sterilized milk is also furnished at a low price from central depots, and even free when an entire inability to pay is demonstrated. The suffering and destitution in a crowded city which receives the poor from every nation in the world are, of course, great, and yet there is no city in the world which shows a broader, more unselfish spirit of humanity than ours in extending the helping hand to the suffering in hospitals, dispensaries and in that large charity which furnishes bread and clothing to the cold and hungry. This spirit of charity is undoubtedly abused, and requires great care in dispensing its favors, but the abuse had better be in a measure tolerated than any needy permitted to suffer.

#### ECONOMIC FOOD.

THE scientific work under the direction of the general government is nowhere more apparent or more useful than where directed to agriculture, and through that to the economic support of life, comfort and health. In the last number of the *United States Experiment Station Record*, Prof. W. O. Atwater discusses at length what he calls an economic error of grave import, namely, that our crops, our food supply and the food we consume contain, when taken together, too little of the materials which make muscle and tendon, and too much of those which serve the body for fuel to furnish heat and muscular force; that is to say, they lack protein and have an excess of fats and carbohydrates.

In support of these statements figures are given which show, by comparison of dietaries in this and other countries with the dietary standards of eminent authorities, that the dietary for different classes of Americans—unless the authorities are all out in their reasoning—is considerably out of balance. A family of glass blowers in Massachusetts, for example, were found to be consuming 95 grams of protein to 132 of fats and 481 of carbohydrates. The proportion, according to Prof. Atwater, for moderate workers, such as these glass blowers, should have been 125 protein to 125 fats and 450 carbohydrates.

The European proportion (Voit's) would be about 118 protein to 56 fats and 500 carbohydrates. The average for 237 brickmakers at very severe labor was 180 protein, 365 fats and 1,150 carbohydrates, while Prof. Atwater's standard gives, for men at such severe work, 200 protein, 350 fats and 800 carbohydrates. The average for

well-fed professional men and students in various European countries has been found to be 114 protein to 111 fats and 285 carbohydrates, and for the corresponding class in this country the average is 126 protein, 152 fats and 489 carbohydrates. Prof. Atwater's dietary for men with moderate muscular work, the class to which these brain workers belong, gives 125 protein, 125 fats and 450 carbohydrates.

For this error (if it be an error) in American food values, Prof. Atwater holds the farmer primarily responsible. He is also the first loser, and he must take the first step toward reform by producing plants richer in protein and meats with more lean and less fat.

It is not assumed that the final conclusion in this matter has yet been reached. It is possible—and Prof. Atwater himself recognizes the presumption in his own dietary standards, though objecting to it theoretically—that Americans, at least in the North, require more fat (fuel) in their food, taking the year through, than Europeans. Our intensely cold winters demand more of the "tallow-candle" diet than milder England. Still, making all necessary allowance for this difference, it is unquestionably true that the proportion of heat-producing elements in our food is too high.

In the daily food of well-to-do and well-nourished professional men in Germany, for example, the quantity of fat consumed is from 3 to 4.5 ounces per day, while in the dietaries of Americans in similar conditions of life it ranges from 5 to 7.5 ounces. The quantities of carbohydrates in the European dietaries range from 9 to 24 ounces, while in corresponding American dietaries they are from 24 to 60 ounces.

An interesting fact brought out in this discussion is that the proportion of fat in our apparently lean beef is considerably larger than in European beef, so that when eating the leanest of beef we Americans are really obtaining more fat from it than our cousins across the water. In the physiological laboratory of the University of Munich, where many analyses of beef have been made, the fat remaining in the lean meat, after the visible particles of fat had been trimmed out as thoroughly as possible, was found to be about nine-tenths of 1 per cent. Prof. Atwater treated a number of specimens of beef obtained in Middletown, Conn., in precisely the same way, and they gave proportions of fat ranging from 2 to 3.6 per cent. This goes to show that our farmers are feeding too large a proportion of fat-forming food.

This may be corrected by substituting for fat-

making grains especially corn, such leguminous plants as clover, alfalfa, vetch, cow-peas, peas and beans. This would leave a two-fold advantage. It would not only supply consumers with better food, but the manure from animals thus fed would be richer in the expensive element of nitrogen. As Prof. Atwater forcibly states it, "it is proved conclusively that our common legumes—clovers, alfalfa, cow-pea, lupine, etc.—are able to obtain nitrogen from the air, so that by growing them it is clear that the farmer can have nitrogen for nothing, instead of purchasing it [at high cost] in artificial manures."

#### TUBERCULOSIS OF BONES AND JOINTS.

**D**R. NICHOLAS SENN, of Chicago, whose recent work on surgery is familiar to the profession, in a very able article on the treatment of bones and joints by parenchymatous and intra-articular injections, reaches the following conclusions:

1. Parenchymatous and intra-articular injections of safe anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.

2. Of all substances so far employed in this method of treatment iodoform has yielded the best results.

3. The curative effect of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product.

4. A ten per cent. emulsion in glycerin or pure olive oil is the best form in which this remedy should be administered subcutaneously.

5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess and iodoform intoxication.

6. Tubercular abscesses and joints containing synovial fluid, or tubercular pus, should always be washed out thoroughly with a three to five per cent. solution of boracic acid before the injection is made.

7. Injections should be made at intervals of one or two weeks, and their use persisted in until the indications point to the cessation of tubercular inflammation and the substitution for it of a satisfactory process of repair, or until the result of this treatment has shown its inefficacy and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment promises to be successful, symptoms pointing to improvement manifest

themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses gradual diminution of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscosity are the conditions which indicate unerringly that the injections are proving useful, and that, in all probability, a cure will result from their further use.

10. Moderate use of limb is compatible with this method of treatment, provided the disease has not resulted in deformities which would be aggravated by further use of the limb; in such cases correction of the deformity should be postponed until the primary joint affection has been cured by the injection.

11. Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.

12. This treatment may prove successful in primary osseous tuberculosis followed by involvement of the joint, provided the osseous foci are small.

13. Extensive sequestration of articular ends with secondary tubercular synovitis always necessitates resection, but preliminary treatment by iodoform injections into the affected joints constitutes a valuable preparatory treatment to the operation and adds to the certainty of a favorable result.

14. In open tubercular affections of joints, incision, scraping, disinfection, iodoformization, iodoform gauze tampon, suturing and subsequent injections of iodoform emulsion, as advised by Billroth, yields excellent results, and should be employed in all cases in which a more formidable operation can be avoided.

15. Bals. peru. ranks next to iodoform, and should be employed where the other has failed or can not be used.

#### A DEFENSE OF MODERATE DRINKING.

**D**R. FARQUHARSON, M. P., in *Blackwood's Magazine* for June, ventures to brave the wrath of the teetotalers by setting forth the excuse which the average Englishman makes for refusing to sign the pledge: "All stimulant is unnecessary for the young and for people living perfectly healthy lives. But, under the stress and struggle of modern civilization, few of us beyond middle age are placed under normal physiological conditions, and a little alcohol helps us to round the corners and to plane away the asperi-



ties of existence. In turn it may be a stimulant, or a sedative, or a tonic, or a digestive, or an actual food, and, unless we run on into excess, no physical damage can possibly be done to our tissues. The argument in its favor, when wisely and prudently used, seems complete. It does us good, and can do us no harm. Then why not use it?"

This question might be answered by asking another: What is a "wise and prudent" use of alcohol? Its "physiological quantity" is so small as to be entirely insufficient either as an aid to social enjoyment or for the satisfaction of the appetite—in other words, when taking alcohol as a beverage, we are almost certain to "run on," more or less, "into excess," and this being the case, its habitual use must, on the whole, be productive of immensely more harm than good. Under the existing conditions of civilized life, it may sometimes act as a remedy, but, for the great majority, it is a remedy which is likely to be a great deal worse than the disease. Hence the leading medical authorities, even in England (such as Andrew Clark and Henry Thompson), are decidedly of opinion that the best way is to leave it alone altogether, unless specially ordered by your physician; and this rule is a great deal more applicable in a climate like ours than it is in that of Great Britain.

#### CHRONIC RING WORM.

PROF. LOUIS A. DUHRING, in a recent number of the *Am. Jour. Med. Science*, gives his experience in forty-eight bad cases of this disease in an institution in which he tried a large number of remedies, and gives the preference to *chrysarobin* as being the most active and satisfactory of them all. The strength varied from fifteen grains to two drachms to the ounce of ointment. The ointment should be used with great caution, always by the physician and well rubbed in with a bit of cloth or mop in the smallest possible quantity. Used in this way there is but little danger of staining the skin or of excessive irritation.

THERE must be something wrong with the Health Board when the other eminent physicians who composed its Consulting Board felt called upon to follow Dr. Janeway in resigning their positions. Drs. A. Jacobi, T. M. Brudden and others resigned for the same reasons that Dr. Janeway did, and they would have acted in unison had they known the latter's intention.

Dr. Jacobi asserts that "political influences"

are allowed to shape the course of the Health Board, and that it is not an independent body, and many of its acts are "arbitrary and uncalled for."

The Health Board has assumed a great responsibility, and one that will be considered by the Academy of Medicine, no doubt, when that body meets.

WE learn from the *Hahnemannian* that by an ordinance of the City Council of Philadelphia one homœopathic physician for each district is appointed, twenty-five in all, for the outdoor poor. Of the four medical inspectors, two must be homœopathic physicians; all the appointments being made according to civil service regulations.

A WRITER in *Musical Millions* says he never loses time in looking for a fine vocalist in a country where fish and meat diet prevail. Vocal capacity disappears in families as they grow rich, because they eat more meat. Those Italians who eat the most fish (those of Naples and Genoa) have few fine singers among them. The sweet voices are found in Irish women of the country, but not of the towns. Norway is not a country of singers, because they eat too much fish; but Sweden is a country of grain and song. The carnivorous birds croak; grain eating birds sing.

THE autopsy on Bishop's body, claimed to have been performed before life was extinct, resulted in the trial of the physicians interested in the case. Dr. John H. Irwin, who appears to have been the leader in the affair, had a narrow escape from conviction, as the jury stood nine to three.

The charge was "illegal dissection," and the testimony showed that there was great haste exercised in the post mortem, even if there had been consent of the coroner or the next of kin to its performance. It will be a lesson to other officious practitioners, no doubt.

**The Constitution of the Sweat.**—From a study of the constitution of the secretion of the sudoriferous glands, Gaubex (*Comptes Rend. des Séances de la Soc. de Biol.*, Nov. 6, 1891) has found that the sweat is of acid reaction in man, but alkaline in the horse, the cow, the dog, the cat and the pig. Both in animals and in man the secretion contains albumen. The total amount of nitrogen in the sweat is greater than that represented by the contained urea; the excess is largely due to the presence of albumen and albuminoids. In man and in animals the sweat contains diastasic ferments, which are called *hidrozymas*. In man there are three—an amylase, a pepsin and an emulsin. In the horse there are two—amylase and an emulsin. The sweat of man contains little amylase, less pepsin and still less emulsin; that of the horse and of several other animals contains less *hidrozymas* than does the sweat of man.

## BIBLIOGRAPHICAL.

**A TREATISE ON DISEASES OF THE NOSE AND THROAT.** In Two Volumes. By Frankie Huntington Bosworth, A. M., M. D. Volume Two.—Diseases of the Throat. With Three Colored Plates and One Hundred and Twenty-five Woodcuts. New York: William Wood & Co., 1892.

The first volume of Dr. Bosworth's exhaustive work was devoted to diseases of the nose and the second includes all the diseases of the throat. Dr. Bosworth's well-known reputation as a specialist, and his unusually large opportunities both in private and hospital practice, especially as a clinical teacher and consulting physician and surgeon in his specialty in several of the leading institutions of the city makes his work of great value, and one which will claim the marked attention of all in the profession who desire to be thoroughly informed upon the subjects treated. In no department of our profession has their been greater advances made than in the treatment of diseases of the nose and throat, and no work has ever been published which covers the whole field so minutely or with as much learning and skill.

**HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES, FROM THE YEAR 1825 TO 1891.** By Thomas Lindsay Bradford, M. D. Philadelphia: Boericke & Tafel, 1892.

Part I. contains an alphabetical list of homœopathic books and pamphlets, books against homœopathy, magazines, directions, list of homœopathic publishers, libraries, previous American homœopathic bibliography.

Part II. gives condensed histories, data and bibliography of the homœopathic societies, colleges, hospitals, asylums, homes, sanitariums, asylums for the insane, dispensaries, life insurance legislation now or at any time existent in the United States. The frontispiece of this quarto volume of 600 pages is a picture of the old Allentown Academy, the first homœopathic college in the world.

**DISEASES OF WOMEN.** A Manual of Non-Surgical Gynecology. By F. H. Davenport, A. B., M. D. Second Edition, Revised and Enlarged. Philadelphia: Lea Brothers & Co., 1892.

The directions for examination by touch and sight are excellent. The causes and treatment of amenorrhœa, menorrhagia and dysmenorrhœa are, so far as they extend, clearly stated, but many important remedies in treatment are unnoticed. No mention is made in dysmenorrhœa of antipyretics, or in the membranous condition of the use of iodide of potash as a preventive and at the time of the suffering. The work, however, is full of excellent suggestions.

**DEATH TO THE INQUISITION.** A Story of Sinful Love. By Lurana W. Sheldon. W. D. Rowland, publisher, 23 Chambers Street.

Whatever the author does is well done, as is evidenced by her exceedingly interesting and accurate reports in medical journals, her articles in literary magazines and in a novel of more than usual skill in plot and vivid description of scenery and delineation of character.

**SCIENCE AND ART OF OBSTETRICS.** By Sheldon Leavitt, M. D. Second Edition, Enlarged and Re-written. Chicago: Gross & Delbridge.

The first edition of this work was published ten years ago and has been out of print three years. The present edition has been entirely re-written. The work is thoroughly scientific and full of that practical common sense which shows close thought, careful reading and large experience. The author has not hesitated to incorporate into

his work the best thoughts of eminent obstetricians which, together with his own large and thoughtful experience, has enabled him to give to the profession one of the best works on obstetrics yet issued from the press.

**THE SCIENCE AND ART OF MIDWIFERY.** By William Thompson Lusk, A. M., M. D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital and to the Foundling Asylum; Visiting Physician to the Emergency Hospital; Gynecologist to the Bellevue and to the St. Vincent Hospitals; Honorary Fellow of the Edinburgh and the London Obstetrical Societies; Corresponding Fellow of the Obstetrical Societies of Paris and Leipsig; Corresponding Fellow of the Paris Academy of Medicine, etc. New Edition, Revised and Enlarged, with Numerous Illustrations. New York: D. Appleton & Company, 1892, pp. 761, Octavo.

The fourth edition of this most popular work is essentially a new book, the text having been, for the most part, re-written. The work is too well known to need an extended review at our hands, so we shall rest by simply announcing the issue, feeling confident that the profession will take care that it meets a ready sale. The publishers have done their part most admirably, the physical part of the work being unexceptionable.

**SPECTACLES AND EYEGLASSES—THEIR FORMS, MOUNTING AND PROPER ADJUSTMENT.** By R. J. Phillips, M. D. Instructor in Diseases of the Eye, Philadelphia Polyclinic and College for Graduates in Medicine; Ophthalmic Surgeon to the Presbyterian Hospital in Philadelphia, etc. With Forty-Seven Illustrations. Philadelphia: P. Blakiston, Son & Co., 1892, pp. 97, 12mo.

A practical and handy little book for reference regarding the subjects of which it treats.

**PUBLIC HEALTH.** Papers and Reports, Volume XVII., Presented at the Nineteenth Annual Meeting of the American Public Health Association, Kansas City, Mo., October 20-23, 1891, with an Abstract of the Record of Proceedings. Concord, N. H., 1892, pp. 331, 8vo.

To the hygienist this is a most interesting volume. It contains many very valuable and practical papers. The work of the Association is improving each year.

A. L. Chatterton & Co. will issue in November under the editorial charge of Dr. George W. Winterburn, assisted by Florence Hull, a magazine of sixty-four large pages entitled *CHILDHOOD*. There are now very excellent magazines for children, but *Childhood*, we presume, will be more for parents and teachers, and enable them to meet understandingly the all important question of physical and mature development by a practical and scientific discussion of such subjects by those who have made the laws of life a study. There is ample room in this new field for that excellent work which the editor knows how to accomplish.

**CEREBRAL MENINGITIS**, by Martin W. Barr, M. D., is the last issue of the Physicians' Leisure Library Series, published by Geo. S. Davis, Detroit. Dr. Barr, as the resident physician of the Penn training school for feeble-minded children, has had a large experience in the class of diseases to which his monograph is devoted.

Dr. A. P. MacDonald, of Danbury, Conn., writes us: "Taking hint from your editorial on 'Piperazine,' I am giving the remedy in gout with very gratifying results, reasoning that if the remedy was a solvent for calculus in the kidney or bladder, it must be a solvent for uric acid and urate of soda in the tissues."

## CORRESPONDENCE.

## LETTER FROM DR. GORTON.

LAKE PRESERVE, Woodford, Vermont.  
July 16, 1892.

To the Editors of the NEW YORK MEDICAL TIMES:

I sincerely sympathize with those ill-favored mortals who have to remain pent up within the confines of a great city, with its heat and noise, dust and smoke, during the heated term. The "Lake Preserve," where I find myself at this moment, is the property of The Green Mountain Summer Home Company, whose flourishing camp, called "Camp Comfort," is situated in the valley below—about four miles east of Bennington, Vt. The elevation at the lake is about thirty-two hundred feet above sea-level. The lake has been stocked with trout, and is surrounded by a dense forest, accessible only by slow process over a bad mountain road. But it pays the weary toiler when he gets there. There are cool refreshing breezes, and the air is laden with the perfumes of pine and balsam. When the people of New York are sweltering in heat and humidity, with a temperature of 95° or more, here, may be found refreshing breezes, with the thermometer at 70° in the shade at noon, sinking to 50° in the evening. There, the lightest garment is too warm; here, the heaviest is not uncomfortable in the middle of the day, while at night it is indispensable. No one with a humane heart in his bosom, who is privileged to be in the mountains during the heated term, can fail deeply to feel the burden of heat and suffering which they who are left behind have to bear, or not bear, as best they can.

Your collaborator and colleague is up here in the famous Green Mountains for a summer's rest. The more the years are piled upon him, the more he feels the necessity of a "let up" from his life's work, and the need of the rejuvenating influence of the mountains during the warm season. The change is necessary to fit one properly to discharge the duties and responsibilities incident to professional life. The profession of medicine requires something more as a qualification for its work than a college certificate, or mental attainment; it demands of its members health and robustness. The sickly and ill-conditioned are out of place in its ranks. It is indispensable that the physician keep himself in readiness and physically able to meet all the demands upon him, night and day—at night, more than by day, for the needs of the sick are more imperative at night. Nor may he plead weariness or disability as an excuse for failure to respond to professional demands upon him. Moreover, if he be weary, his usefulness at the bedside is impaired thereby; if he be really ill, his healing powers are vitiated, and his presence a disappointment to his patient, except, of course, in surgical cases. The pecuniary success of a physician is likewise largely dependent on good health and manly vigor. There are many reasons, therefore, why a physician should be economical with his resources, and take prudent care of his physical and mental health.

The tendency of the times is to build sanitariums for the benefit of invalids. This is well, of course. They supply a much needed want. But the sanitarium does not meet the needs of those who are not sick and do not want to be herded among the sick. It is no place for those who are not invalids, but only weary and worn with much toil and struggle. These last find camp life more suitable to their needs—such a camp as we have here, in the Green Mountains. It is called "Camp Comfort," for the reason that it consists of a series of little cottages, neatly furnished, each cottage being capable of affording comfortable shelter, night and day, in sunshine and storm, heat and cold, to a little family. In the midst of the group of cottages stands a rustic hotel, with accommodations for about fifty guests, at which the cottagers take their meals. The table

and service are most excellent, under the management of Mr. E. O. Joslyn, formerly of Brooklyn, L. I.

Camp Comfort is situated, as we have said, in the southern limb or spur of the Green Mountains, about four miles east of Bennington, Vt., and has an elevation of fourteen hundred feet above the level of the sea. At the side of the camp runs the Roaring Branch, on the east side of which the cottages are built. This ever-roaring stream rises in the Glassensbury mountain, and, with its tributaries, forms the Wattoomsac river, which empties into the Hoosack river at Hoosack Junction, which empties into the Hudson at Mechanicville, Saratoga County, N. Y.

The camp is in the midst of a beautiful grove of tall pines, hemlocks and birches, in the valley leading up to the club house at the lake, already referred to, on both sides of which are high mountains, and mountain forests. The scenery is grandly beautiful. Few places more picturesque than this can be imagined; few places on earth more salubrious. The air is tonic and sweet; the soil is loose and absorbing. Even though the air is moist, the ground is dry, the trees absorbing the excess of moisture from the soil to such an extent as to prevent the growth of grass and other vegetations. At the camp the mid-day temperature is about ten degrees below that of the same time of day in New York; while the evening and early morning temperature is, at least, twenty degrees below that of the metropolis.

Camp Comfort and the Lake Preserve have been established and are owned and maintained by a stock company, called the "The Green Mountain Summer Home Company," of which Mr. H. M. Martin, of Bennington, is president, and your colleague and correspondent a stockholder. The society at the camp is most select, and must always remain so, since it was established mainly for the benefit of the families of its stockholders and such friends as they choose to invite or recommend. Among the stockholders, besides myself, are Mr. Robt. S. Walker and Mr. H. C. Marshall, Flatbush, L. I., ex-Collector Erhardt, Col. Winchester, Mr. Johnson Livingston, Mr. Lyman Rhoades, Dr. H. F. Walker, Mr. E. A. Quintard, Mr. H. F. Edey, Mr. H. B. Haskins, and others, of New York City.

No person can be admitted to guestship without a voucher as to personal character from some member of the association.

Camp life, such as we have here, is a pleasant feature of a summer outing, and must gain in public favor the more its advantages are known. Those who prefer gaiety and festivity, can have both at the hotel, while those who desire rest from noise and care, who need rest and quiet and seclusion from the toil and struggle of business life, can find it all in the retiracy of their little cottages on the banks of the Roaring Branch. D. A. GORTON, M. D.

## ORIFICIAL SURGERY.

To the Editor of the MEDICAL TIMES:

The success attending the new plan of treatment of various diseases, many of which have defied the usual medication hitherto adopted, is calling the attention of the profession to what is now called "Orificial Surgery." So many of the physical troubles to which the body is subject are traceable to its outlets, that it is rather a matter of surprise that the professional mind has not, long ere this, been led to a more critical inquiry into the relations existing between the two. All are familiar with the general distress and discomfort attending any—even the slightest—disease that may invade the rectum, for example, in any part of its length. The countless remedies and plans of treatment that have been and are still being used by the profession and advertised unprofessionally for the relief of hemorrhoids, fistula, fissure and other painful irritations of the rectum, anus, etc., all attest the suffering produced



by these troubles and the urgent necessity for their relief, when and wherever they may occur. Not only so, but an impetus has been given to the investigation of diseases occurring remotely from the local disorders, whose object has been to discover the relationship, if any there should be, existing between them and the *pourquoi* of such relationship. No fact has been more clearly established by physiological anatomy than that the human body is completely and absolutely dominated and controlled by one of the constituent members of its own organization, and that member, its nervous system! It may in truth and in all scientific accuracy and consistency be affirmed that the whole physical structure or structures of the body are subservient to the influences exercised upon them individually and collectively by the supervising and inexorable agencies dispensed by the nervous system. Every process of vitality, every functional activity, every metamorphic change and modification of those activities, one and all, are the result of the compulsory requirements imposed by this despotic force. No stasis, no delay, no impairment, however slight, in the unintermitting and perpetual bestowal of its vital principle by the nervous system upon the organs of the body can occur, without disturbance or disorganization of the whole corporeal machinery to a greater or less degree. Orificial surgery, as its name imports, devotes its curative resources to morbid affections occurring at the orifices of the body, and the reason that it is now beginning to engage the curious and thus far greatly interested attention of the profession, is the abundantly increasing testimony it is giving to the fact that the local application of surgical treatment to orificial disease not only cures the local disease itself, but effectively removes disease occurring concomitantly in remote parts, thus showing a seemingly mysterious and unaccountable association between them. To our apprehension there is one way and only one by which a solution of these associations can be reached, and we know of no easier way of reaching it than by pathological revelation. A woman becomes the unfortunate victim of nymphomania, and, as so often happens, there is an abnormal irritation not only of the general sexual system but of the clitoris especially, with the accompanying satyriasis, furor uterinus, etc. One of the phenomena of the amatory orgasm takes a religious turn and develops into a devotional euthanasia of so violent and frantic a character as ultimately to consign her to a madhouse, hopelessly insane. To the exclusion of every other thought and feeling, she lived in the belief that she was the bride of the Saviour, and from morning till night made the air vocal with her cries and imploring adjurations to the object of her unnatural and unholy worship. This is not a fictitious case, but one of actual occurrence! And all this because of a local irritation that could easily have been subdued, orificial surgery was wanted here, but its day had not yet quite dawned!

In these days of a more perfected knowledge of the nervous mysteries of the body, there is no difficulty in tracing the translation of such morbid irritations all through the endless mazes of the nervous tendrils, winding here, there and everywhere, through an unbroken continuity onward and upward in this case, through vaginal, uterine and ovarian sympathetic plexuses by cell antennae to ganglia, again, still onward and upward through hemorrhoidal and sacral plexuses to afferent nerves, to columns of cord, to medulla oblongata, to central cerebellar and cerebral ganglia. Finally by tendrils of coronaradiata and association fibers to the cortex of the brain, the efficient factor of mentality and intellection all ending in the deplorable overthrow of the mind and the development of insanity. Thus in few words we have before us the details of the sad and sorry picture, and thus do we bring into bold relief the beneficent effects of "Orificial Surgery."

JAMES A. CARMICHAEL, M. D.

### WASHINGTON LETTER.

The dentists of this city, after five years of labor, have succeeded in having a law enacted which provides for a Board who shall examine all practitioners in the District, and no one may be allowed to practice dentistry without a diploma from such Board. This gives heart to the *bona fide* dentists, and will prevent our citizens being hoodwinked by cheap and sometimes itinerant quacks. A joint resolution has been passed by Congress authorizing the President to invite certain governments to send delegates to the Pan-American Medical Congress which is to be held in this city in September, 1893.

During the month the seventh annual meeting of the Association of American Physicians has been held here. Many physicians were present, and papers of deep interest to the fraternity were read. The following officers were elected for the coming year: President, Alfred L. Loomis, New York; Vice-President, Reginald H. Fitz, Boston; Recorder, I. Minis Hays, Philadelphia; Secretary, Henry Hun, Albany, and Treasurer, W. W. Johnston, Washington.

The greatest interest, however, has centered on the 45th session of the American Institute of Homœopathy to celebrate its 49th anniversary. The session lasted nearly a week, and of the 1,240 members, nearly half were present—many with their wives. The Institute, during its stay here, was tendered a complimentary excursion to Mt. Vernon, a reception in one of our theatres, and a concert by local talent. They also visited the White House and received a cordial hand-shaking from President Harrison. They had their headquarters in one of the largest halls of the city, and hard by in another building was the pharmaceutical exhibit, including displays by many of the leading chemical firms of this country. During their several meetings, a resolution asking that the President of the United States appoint a Board of Examiners, looking to the creation of a degree of United States Master of Medical Science (U. S. M. M. S.), was voted down; a committee reported that over two-thirds of the life insurance organizations in this country now employ homœopathic examiners; another committee reported that a bill which is in Congress asking for the establishment of a National Department of Health, whose head should be a cabinet officer, is not likely to become a law; the following officers were elected: President, James H. McClelland, Pittsburgh, Pa.; First Vice, C. E. Fisher, San Antonio, Tex.; Second Vice, Millie J. Chapman, Pittsburgh, Pa.; Treasurer, E. M. Kellogg, N. Y.; Ass't. Treasurer, T. F. Smith, N. Y.; Gen. Secretary, Pemberton Dudley, Philadelphia; Provisional Secretary, T. M. Strong, Boston; and Chicago was unanimously selected as the next meeting place. The Institute has started the ball rolling toward the erection in this city of a monument to Samuel Hahnemann, the founder of the homœopathic school of medicine. Dr. I. T. Cook of Buffalo subscribed \$50, Ex-Pres. Kinne raised it \$100, and President McClelland covered it with another hundred. Within a short time a thousand dollars had been subscribed. The Ass't. Treasurer is still receiving contributions, and, if the profession throughout the country respond as readily to the call, it will not be long before the venerable founder of homœopathy will be immortalized. C.

P. S.—After my letter of last month closed, the homœopathic physicians transacted but little business before they adjourned to meet in Chicago next year. They adopted resolutions discountenancing the patent-medicine man and providing for his expulsion from their society, endorsed the Paddock pure-food bill and recommended its passage by the House, and denounced the chloride of gold cure as a humbug; and then went over to Baltimore to attend a reception by the Southern Homœopathic College.

The first week of this month was an insufferably hot

one here and ran our death rate up from 148 last year to 152, or 15 more than in the week preceeding. Of these deaths, 34 were children under five years of age, and 73 were under twelve months old. Forty-four deaths resulted from diarrhoeal causes, and many more were chargeable indirectly to the heat. Not one death resulted from malarial causes, which speaks well for our city in Summer. We have a ship anchored down the Potomac, whereon all small-pox patients are put; but I regret to say that thousands of excursionists pass this ship daily and run the gauntlet of that dread malady. It should be stationed a few miles lower down—beyond the path of the excursion boats. The following week, and each one since, shows an encouraging decrease in the death rate; but it will rise again when the real hot weather returns.

The Agricultural Department reports that the enforcement of the meat-inspection law of March 3, 1891, has added at least one per cent. a pound to the value of hogs marketed since the withdrawal of the foreign prohibition. The governments of the world are looking with great favor upon this stringent inspection of ours. The United States Manufacturing Chemists' Association has protested against the bill to prevent the adulteration and misbranding of foods and drugs; and the New Jersey Pharmaceutical Association has petitioned Congress to adopt the metric systems of weights and measures in the customs service. With the first of July the city adopted a system of carrying off garbage in patent air-tight steel carts, and treating it with exhaust steam to pass the offensive gases into the sewers. The plan works well, and we are delighted.

The Capitol building has been examined by experts who report its sanitary condition as something awful, and the plumbing in the Supreme Court chamber as a "sanitary curiosity." The plumbing is said to be from forty to ninety years old, and even the Senate restaurant needs entire reconstruction. It will take about \$90,000 to renew this plumbing entire, and Senator Vest has urged the spending of that sum to be incorporated in one of the appropriation bills. The matter meets the approval of everybody, and no doubt will go through without opposition. It is expected the work will be done during the summer so that the Supreme Court which meets in October will have a clean home to work in, as well as both Houses of Congress when they reconvene the first of December. C.

Dr. James B. Bell, President of the International Hahnemannian Association, is in trouble with his fellow-members. A formal charge of heresy has been brought against him by Dr. Harlyn Hitchcock (ex-editor of the defunct organ of the Simon Pures), and, as the *World* says, "the case is interesting." Dr. Bell, it appears, adds to his belief in what is called Hahnemannian homœopathy a belief in faith cure and the like, and has publicly justified the father who commits his sick child to Providence instead of the doctor. If this is so, Dr. Bell can no longer be regarded as a representative of the sect, and therefore ought to resign his office, if not his membership, at once. Practically, however, such an enlargement of his creed is without any significance whatever, either as respects himself or his patients—that is, if he has always been a strict and consistent high dilutionist, of which we make no doubt. The difference between a practitioner who boasts of his cures with the ten-millionth potency of moonshine, or some similar absurdity, and one who relies avowedly and entirely upon psychical agencies, is a difference of names and hypotheses only—each of them obtains his wonderful results through precisely the same influence, whether this be called hypnotism, expectant attention, or the force of the attendant's personality. Perhaps Dr. Bell, in spite of dogmatic enthusiasm, has been compelled to recognize this fact, in which case we congratulate him on having the courage of his convictions. F.

### PARALYSIS AGITANS.\*

Upon the subject of this disease, Dr. Martiny writes as follows: In the "Policlinique of Brussels" paralysis agitans—Parkinson's disease—is thus described, after giving its history and its principal characteristics the writer devotes a few observations to its treatment and they are merely to declare the inutility and powerlessness of that treatment. He says, "paralysis agitans is an incurable affection, in spite of all treatment it continues its course slowly, and after the lapse of from ten to twenty years ends by condemning the patient to a condition of complete immobility. At the last all voluntary movements are irrevocably lost, speech becomes difficult and almost incomprehensible, the saliva flows from the mouth involuntarily, mastication and deglutition are greatly impeded and the agitation diminishes because of forcible contraction of the limbs. Added to all these there ensues obstinate constipation and frequent desire to pass the urine and to crown the miseries of the unfortunate sufferer, the organs of the senses, and the general sensibility survive the wreck up to the moment when some intercurrent malady comes to put an end to an existence already too prolonged. As the treatment of Parkinson's disease yields nothing but failure, we must be content with advising the patient to pursue a calm and tranquil life by preference in the country. We have always observed an aggravation of the disease after violent emotions of any kind. Hygienic measures with lotions of warm water, rather than warm baths, two or three times weekly may be recommended. Warm baths with cold irrigation upon the neck and back have been advised. Recourse may be had to massage, methodical exercise with dry and stimulating frictions. This last is perhaps the best and most logical treatment. It promotes the circulation, increases muscular nutrition, diminishes the agitation and procures for the patient effects that are very soothing and quieting and that give great relief. We can not hope for much benefit from electricity, though employed in all forms. It gives neither amelioration nor relief. Suspension, though employed successfully, and as if by enchantment in other grave affections of the nervous system has here been without beneficial result. In a patient who complained of painful tension of the neck, Dr. Heimann, of Berlin, obtained great relief from the application of a seton. As respects internal medication, recourse should not be had to it except when it is clearly indicated or urgently demanded. Fowler's solution, the bromide and iod. potass, the tincture of veratrum viride, three drops three times daily have never produced the slightest amelioration but have often caused distressing gastric derangements. In some cases we have seen positive diminution of the tremors and a temporary quietude of the nervous symptoms by the use of the chlorhydrate of hyoscyne taken internally in doses of two or three milligrammes daily, or by hypodermic injection of 0.2 to 0.4 milligram. But even in such weak doses this remedy is one that should be carefully administered. One of the patients after each dose showed symptoms of intoxication with dryness of the throat, loss of voice, and ocular suffusion. This lasted for about an hour and was followed by a period of calm with less trembling and greater ability to walk. A treatment that offers fewer discomforts than the hyoscyne and which gives equally good results, is that recommended by our old preceptor Prof. Eulenberg, of Berlin. It consists of ergotin and atropin administered in pill form as follows:

"B Ext. Secal Cornut.....3.0  
Atropine Sulf.....0.2  
Pulv. Rad. Liq. q. Sut. ft. Pil.....30  
Two to three pills daily.

"In certain grave cases the physician may be obliged to

\* Translated from the *Revue Homœopathique Belge*.



resort to injections of morphine. They always produce great relief, but unfortunately the patient soon becomes morphinomaniac and they must be abandoned.

"Finally, we must declare that among the poor this disease progresses less rapidly than among the rich, and our real conviction is that patients are better off without the treatment than with it." The above are very interesting observations of our allopathic confrere as also his statement of the effects of the administration of massive doses, and it must cause curious reflections among those patients enjoying the comforts of wealth to learn from their physician that among the poorer classes the disease makes progress rapidly and that they fare better when there is no treatment at all. But homœopathy offers to all, rich and poor, powerful and effective resources. We have seen many cases of paralysis agitans ameliorated and cured by judicious homœopathic remedies, such for example, as zincum, platina, plumbum, silicea, secale and hyoscyamus. But instead of giving this last remedy in the enormous doses of two or three millegrammes, we administer it in the third or sixth dilution and continue it long enough to get a favorable result without any risk whatever, and find no such symptoms as intoxication, dryness of the throat, loss of voice, etc. Why then do our brethren persist obstinately in giving these doses that come so near to poisoning? Instead of administering so strong a dose why not give the smallest dose capable of curing? If they would really take this view of the matter they would soon see that when a remedy is thoroughly indicated and unmistakably efficacious, a minute dose of it, indeed so minute as to seem fantastic to those not accustomed to handle homœopathic remedies, will act sufficiently without causing any trouble. From the day when our brethren instead of giving their strong doses will reach the point of progressively diminishing them they will see that their patients are more effectually cured, and the quarrels and discussions between allopaths and homœopaths will soon come to an end.

DR. MARTINY.

#### TREATMENT OF ASTHMA.\*

The principal remedies are ipecac, sambucus niger, cuprum, lobelia, inflata and bryonia.

Indications for Ipecac.—Dyspnœa, accompanied with mucous râle and signs of asphyxia, bronchial cough, with laryngeal strangling and suffocation. Dose: 1x trit., 25 centigrammes in 125 of water; one tablespoonful every half hour.

Sambucus Niger.—Excessive dyspnœa, violet color of the face and more marked signs of asphyxia than in ipecac. Dose: Ten drops of the tincture in 125 grammes of water. Tablespoonful every half hour.

Cuprum.—Spasmodic dyspnœa, with suffocating cough and constriction of the chest; vomiting, which relieves the patient, is an additional indication for cuprum. There are also cramps and muscular spasms in other parts of the body. Dose: Two drops of the sixth dilution in 125 grammes of water. Tablespoonful every half hour.

Lobelia Inflata.—Dyspnœa, with contraction of larynx and thorax, feebleness and irregularity of the pulse. According to Hughes, gastric complications are also indications for the exhibition of lobelia.

Bryonia.—Bronchitis and pain in the side, increased by respiratory movements. Dose: X., same as cuprum.

Aconite: When the attack is produced by dry, cold air—Hughes. Dose: Same as sambucus.

Moschus.—Specially indicated in children when there is very marked spasm of the thoracic muscles and larynx. Dose: First dec. trit. by olfaction, or ten centis internally.

Inhalations of different vapors.—Nitrate paper, bell, stram and arsenic.

\* From the *Revue Homœopathique Belge*.

Chronic Asthma.—The four principal remedies are: Nux, arsenic, sulph. and kali hydriod.

Mineral Waters.—The waters of Mount-Dore and Canterets are very efficacious in asthma.

DR. SCHEPENS DE GAUD.

#### A CURE FOR SEA-SICKNESS.

To the Editor of the EVENING POST:

Sir,—I have lately made the passage from New York to Genoa with less than one-half hour of discomfort from seasickness, and as this was my first experience of the kind (although it was my ninth voyage), I wish to give to other people the names of the medicines which produced this result: "Granules Dosimétriques du Dr. Burggræve:" "Sulfate de strychnine," and "hyoscyamine."

The rules for taking them are as follows: One pellet of each to be taken on the tongue and swallowed with a little water just before the steamer leaves the wharf, and the dose repeated every fifteen minutes until five of each have been taken; then allow twelve hours to elapse before taking any more, when, if necessary, the five doses may be repeated in the same manner. If there is dizziness or headache, six pellets of "Citrate of caffeine" may be taken, one every half-hour.

The medicines can be bought at Caswell's, corner of Twenty-sixth Street and Broadway.

ROME, Italy, April 27.  
[The foregoing letter is from a lady whose name carries more weight, perhaps, than any other in New York, but as she has not seen fit to append it to her communication, we forbear to print it.—Ed. *Evening Post*.]

The Philadelphia Dosimetric Company make a reliable preparation of the above.—Eds.

#### SOCIETY REPORTS.

##### THE NEW YORK ACADEMY OF MEDICINE.

"The Conservative Treatment of Salpingitis," by Dr. Paul F. Munde. Dr. Munde stated that while the removal of the diseased tubes and ovaries legitimately fall within the range of the laparotomist, the conservative treatment of inflammations of these organs belongs quite as much to the general practitioner as to the gynecologist. He believes that the time has come when it is well for those who are doing abdominal work habitually to take the field against the hasty removal of the uterine appendages simply because they happen to be more or less diseased, and that a great deal of harm has been done by the reckless performance of this operation, even though the results, so far as immediate recovery is concerned, have been of the very best. He is convinced that in the past many uterine appendages have been removed which, with a little patience and perseverance on the part of the physician and patient, could have been saved. This remark applies chiefly to cases of catarrhal salpingitis in which the patient complained of pain in one or both ovarian regions, which did not yield at once to local applications of iodine, etc., and in which the appearance, perhaps, at irregular intervals, of a muco-purulent discharge from the vagina denoted the possible presence of a pyo-salpinx. A mere slight, more or less acute or sub-acute inflammatory enlargement of the Fallopian tube, even though it be detectable by the finger per vaginam, does not warrant the removal of the diseased organ until all palliative means at our disposal have been tried and tried again without avail. The mere presence of catarrhal salpingitis, with or without adhesion, with or without agglutination of the tubes, with or without closure of its fimbriated ex-



tremity; the mere presence of a certain amount of pain in these regions does not by itself warrant us in removing the diseased organs. The presence of pus in the Fallopian tubes, however—that is, a true pyo-salpinx—always calls for the evacuation of the pus, if not for the removal of the diseased tube. If the pus is contained only in one tube, and that tube is adherent, Dr. Munde said he would consider it justifiable to aspirate the tube per vaginam, and, finding pus, to enlarge the incision, wash out the tube, and in this way endeavor to produce obliteration of the caliber of the tube without subjecting the patient to the danger of a laparotomy. When the tube is movable, or when both appendages are diseased, it is not worth while to attempt to cure the case by vaginal aspiration and drainage, and the removal of the diseased organs by laparotomy is the only correct treatment.

Acute inflammations of the tube are treated on the same principle as acute peritonitis; rest in bed, hot vaginal douches; hot poultices, opium to allay pain, antipyretics to control fever. As the case becomes sub-acute, mild applications of the tincture of iodine, with equal parts of glycerin, may be made to the vaginal vault, with glycerin tampons and warm sitz-baths. Even in the chronic stage of the affection but a very small proportion of the cases seem to warrant the removal of the diseased appendages. When the tubes are adherent, Dr. Munde said he doubted very strongly whether the use of massage would be of any avail. Local galvanism undoubtedly exerts a beneficial influence if persisted in. Quite recently, active dilatation of the uterus, with the intention of draining the uterus as well as the tube, has been recommended by Polk and others; that a connection between the uterine cavity and the Fallopian tube can be secured on rare occasions in these cases can not be denied, but he has never seen a case where an accompanying endometritis would not sufficiently explain the occurrence of the discharge of pus from the uterus.

The object of the operative conservative, or, rather, preservative, methods of treating salpingitis is to restore the integrity of the tube. All these methods imply the performance of an abdominal section. They consist in detaching the adherent tubes, expressing their contents, and restoring them, as far as possible, to their normal caliber.

Dr. Hanks said that the conclusion drawn by Dr. Munde is really what we have been trying to arrive at for a long time, namely, to follow some method by which we can cure our cases of salpingitis without removing the tubes. We should be ready to stand up and say that we will not perform a laparotomy for the removal of a diseased tube unless we really believe that that tube is never to be of any more use.

Dr. Grandin placed himself squarely on record in believing that there is such a thing as the conservative, or preservative, treatment of salpingitis. He has been satisfied for a long time that it is not necessary to operate in the vast majority of cases of salpingo-ophoritis, providing only that the gynecologist or practitioner has the time and patience to resort to the methods of treatment in vogue before Mr. Lawson Tait started the epidemic in Birmingham. By means of rest in bed, hot vaginal douches, counter-irritation over the ovarian region, by means of the judicious use of the galvanic and the faradic currents, many of these women can be assured of a symptomatic cure. These remarks, Dr. Grandin said, referred to a catarrhal salpingitis, not a pyo-salpinx. We must also treat the endometritis. In passing to the subject of hydro and pyo-salpinx, the matter is somewhat more debatable. If we are sure that the accumulation is serum, and if the tube is not overmuch distended, then he still believes that there is preservative treatment. Pyo-salpinx he is doubtful about. There are such cases which drain, or can be made to drain, into the uterus. He has seen swellings in the region of the tubes diminish in size, associated with a purulent discharge

from the uterine canal. Such a tube can be treated by the conservative method. Where, however, the patient gives a history, rational and physical, of pyo-salpinx, and gives a further history of recurrent attacks of pelvic peritonitis, he believes that the conservative treatment consist in resorting to abdominal section.

Dr. Polk said that, although he had arrived too late to hear Dr. Munde read his paper, he is fairly well acquainted with the methods represented by that gentleman, and approves of them. Dr. Polk said he takes it for granted, in the conservative treatment of this disease, that we are not debarred from surgical procedures as forming a part of our conservatism, and that if our treatment applied along the genital canal fails, we may resort to treatment directly applied to the appendages themselves by the well-known process of abdominal section. In regard to the measures which are appropriate along the line of the genital canal, that of entering the uterus itself and establishing drainage is the most important. The results which have been attained by this method justify us in believing that it will unquestionably limit the operative cases. The other measures of treatment, such as rest, heat in various ways, cold in certain cases, the use of pressure by the tampon, are familiar to all. Drainage, however, is the most important, and Dr. Polk said he does not hesitate to employ it in all forms of acute salpingitis, whether simple, as in the non-pregnant, or puerperal, such as we meet with in acute septic endometritis.

Dr. Murray said that most gynecologists seek to do brilliant, rather than conservative, work, and this induces them to operate in an enormous number of cases where the older men have obtained almost as good results without operation. He thoroughly believes in the conservative treatment of salpingitis.

Dr. Edebohls referred to the value of ichthyol in the treatment of pyo-salpinx. It must be applied energetically by every method by which you can get the drug into the tissues, internally, as well as by means of an ointment applied to the external abdominal and vaginal walls. If this is done faithfully the results will surprise yourself and your patient; the pain will be relieved more quickly than by massage or electricity. Another point mentioned by Dr. Edebohls was the importance of ascertaining just what the tubes contained by means of an exploratory puncture. The tube is first steadied and then aspirated by passing the needle through the abdominal wall.—*Doctor's Weekly*.

## TRANSLATIONS, GLEANINGS, ETC.

### RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

**Strontium Lactate in Bright's Disease.**—The salts of strontium are among the most recent additions to the unofficial pharmacopoeia, and the discovery of their therapeutical application constitutes a distinct step in advance.

The bromide of strontium has been shown to be in every respect an efficient and reliable substitute for bromide of potassium, over which it possesses the unquestionable advantage of being better tolerated, while the lactate of strontium (Paraf-Javal), on the other hand, has been found to exercise a favorable influence on the gastro-intestinal functions; hence it is indicated in conditions of depraved nutrition.

In the course of the investigations which demonstrate the absolute innocuousness of the pure salts of strontium, Dr. Laborde, the chief of the Physiological Laboratory of the Faculty of Medicine of Paris, had occasion to observe the remarkable influence of these salts in promoting assimilation and nutrition, and relieving obstinate and pain-

ful cases of dyspepsia associated with painful manifestations.

His conclusions have since been confirmed by numerous clinical observations made by Professor Germain Sée, bearing on the value of strontium salts in affections of the stomach, in the treatment of which he considers them far superior to the alkaline carbonates. This opinion is upheld by Dr. Constantin Paul, Dr. Dujardin-Beaumetz and others, who have at various times communicated the results obtained by them to the Academy of Medicine and the Society of Therapeutics, notably in respect to the action of lactate of strontium salts in conditions associated with albuminuria.

Dr. Constantin Paul testifies to the fact that the lactate is well borne even in daily doses of from eight to twelve grammes (120 to 160 grains). From a therapeutical point of view he employed it with advantage in visceral congestion, in the treatment of which it gave better results than lithia and in Bright's disease. Although lactate of strontium is in no sense a diuretic, it brings about an immediate diminution in the amount of albumen excreted and leads to a corresponding improvement in the collateral symptoms and general condition of the patient. When the exhibition of strontium is suspended, the albumen reappears in the urine in some cases and disappears on the resumption of the treatment.

These observations have since been confirmed by others, which show clearly enough that lactate of strontium (Paraf-Javal) is indicated in the parenchymatous nephritis of gouty and rheumatic subjects as well as in puerperal and post-puerperal albuminuria. There is, moreover, every reason to believe that its influence on the renal function may be turned to good account, in the treatment of glomerular (scarlatinal) nephritis.

Dr. Bucquoy, from observations of his own, found that the administration of lactate of strontium (Paraf-Javal) immediately reduced the proportion of albumen in the urine.

Dr. Dujardin-Beaumetz reports having given lactate of strontium (Paraf-Javal), in five cases of albuminuria of various origins, nephritic, cardiac, etc. In all, within from one to four days, he succeeded in reducing the proportion of albumen fifty per cent. He concludes his report with these words, the importance of which can not be exaggerated:

*"In lactate of strontium we possess an invaluable agent, the action of which is at the same time certain and inoffensive."*

Dr. Laborde, in a communication to the Society of Biology, remarks, that now that strontium salts are generally adopted in practice, he can not too urgently insist on the necessity of their purity, if further accidents are to be avoided. Recalling his first contributions to the therapeutical uses of strontium, he stated that his physiological studies were made with absolutely pure salts, prepared specially by M. Paraf-Javal; these were also used to determine their clinical uses by Drs. G. Sée, Constantin Paul, Dujardin-Beaumetz, Bucquoy, Ch. Féré and others.

The authenticity of these pure salts he looked on as an essential condition of success, and he considered it important to bring it to prominent notice.

In addition to the therapeutical effects alluded to, it should not be forgotten that salts of strontium, more particularly the lactate, exert well marked antiputrescent and antiseptic powers on the tissues and excreta. It is, moreover, an anthelmintic of no mean order.

**Rubber Cloth in the Treatment of Burns and Scalds.**—Having observed the good results obtained from the application of rubber cloth to wounds upon which skin has been grafted, as well as to the surface from which the graft has been taken, Dr. O. P. Barber, of Saginaw, Michigan, has suggested a similar procedure in the treatment of burns and scalds. The burned surface is freely irrigated with carbolyzed water, all necrotic tissue removed and

blebs punctured. Then the entire wound is snugly wrapped in rubber tissue that has been kept in a carbolyzed solution. Over this is placed absorbent cotton and a bandage. The advantages claimed for the dressing are that it relieves pain, that it does not adhere to the wound, that it excludes air, and that it protects the granulations, whilst preventing their exuberant growth.

**Treatment of Tapeworm.**—The Germans have discovered three articles of diet which are obnoxious to worms, viz., onions, garlic, and herrings; of these they make a salad.

Before giving any medicine for a tapeworm the patient should fast for twenty-four hours, only taking a little milk and water or a little broth, but just sufficient to sustain life. At the end of this period a mild laxative may be given, after which the vermifuge should be exhibited.

When treating a patient with a tapeworm, unless you succeed in removing the head a cure will not result, for the segments grow from the head. Now, there are two ways of looking for the head in the passage: one is to pour some carbolic acid (to destroy the odor) and water into the vessel; then do not stir with a stick, but merely shake; allow to settle and pour off all but the sediment. Continue this until all fecal matter is removed, then examine the sediment for the head. Another way is to pour the passage into a piece of muslin. On this pour water, and continue doing so until all fecal matter is washed out, then examine residue for the head. If you do not find the head you can not be safe that the worm will not return until three months have elapsed.

**Iodoform as a Prophylactic of Ophthalmia Neonatorum.**—Valude (*Ann. d'Oculistique*, Aug., 1891; *Brit. Med. Jour.*) publishes results obtained in the clinics of Dr. Bar and Professor Tarnier in Paris, by the systematic application of finely powdered iodoform to the eyes of newly-born infants. The figures compare favorably with those obtained in the same wards and under similar conditions by Crede's treatment by nitrate of silver. Valude thinks that iodoform will prove more useful than nitrate of silver in the hands of midwives, because it is more easily applied and does not decompose in the way that solutions of the silver salt do when kept for any length of time, in spite of precautions such as dark glass bottles, etc. He recommends that immediately the child is born, and before the cord has been divided, the eyelids should be carefully cleansed, and powdered iodoform dusted into the conjunctival sac. One advantage claimed is that the powder, or some of it at least, remains in the folds of the conjunctiva for a considerable time after its application, whereas solutions of all kinds at once drain away.

**Avoidance of Stimulants During Hemorrhage** (*Med. and Surg. Reporter*).—It is customary, when the accident of hemorrhage occurs, for the operator, or some bystander, to administer wine, brandy or some other alcoholic stimulant to the patient, under the false idea of sustaining the vital power. It is my solemn duty to protest against this practice on the strictest and purest scientific grounds. The action of alcohol under such circumstances is injurious all around. It excites the patient and renders him or her nervous and restless. It relaxes the arteries and favors the escape of blood through the divided structures. Entering the circulation in a diluted state, it acts after the manner of a salt in destroying the coagulating property of the blood, and, above all other mischiefs, it increases the action of the heart, stimulating it to throw out more blood through the divided vessels. These are all serious mischiefs, but the last named is the worst. In hemorrhage the very keystone of success lies so much in quietness of the circulation that actual failure of the heart, up to faintness, is an advantage, for it brings the blood at the bleeding point to a stand-still, enables it to clot firmly, when it has that tendency, and forms the most effective possible



check upon the flow from the vessels. Dr. Richardson (*Asclepiad*, No. 20, 1891,) refers to a case in which three pounds of blood were lost and the patient was unconscious, but which recovered. He refers to this as typical, because, if a stimulant were not wanted in it, a stimulant can not be called for in examples less severe. The course followed was simply to lay the patient quite recumbent when signs of faintness supervened, and, so long as he could swallow, to feed him with warm milk and water freely. Such, in my opinion, is the proper treatment to be employed in every instance of syncope from loss of blood.

**Inoculations for Yellow Fever by Means of Contaminated Mosquitoes.**—Dr. Chas. Finley (*Amer. Jour. Med. Sci.*), says:

The inoculations with one or two recently contaminated mosquitoes, in the manner practiced by ourselves, is free from danger, inasmuch as the numerous trials which have been made have produced at most (in about 18 per cent. of our cases) a mild attack followed by immunity.

We must attribute to the influence of the inoculations with contaminated mosquitoes: 1. The mild acclimation observed in 94 per cent. of our cases, whereas the same desirable result has only occurred, *ceteris paribus*, in 65½ per cent. of the non-inoculated; 2. The reduction of cases of regular yellow fever to the proportion of 6 per cent. instead of 19 per cent.; and 3. That of fatal yellow fever to less than 2 per cent. instead of 15½ per cent., one single death from yellow fever having occurred among the sixty-seven inoculated by us since 1881 until the present date.

The contaminated mosquitoes appear to lose either partially or completely their contamination after they have stung healthy subjects; whereas the contamination appears to become intensified by successive stings of the same insect on yellow fever patients.

The inoculations performed during the colder season should not be considered to afford sufficient protection, but should be repeated on the approach of the hot season.

**The Anti-Fermentative Treatment of Infantile Diarrhoea.**—Luff (*Lancet*), studying acute infantile diarrhoea caused by milk-fermentation, reviews Vaughn's work on the subject, and concludes that the cheese or milk ptomaine, tyrotoxin, is the chief element of blame. The rational treatment is to destroy or render insoluble this substance, and to stop abnormal fermentative changes. He believes that the soluble biniodide of mercury accomplishes both of these objects, regarding the bichloride as a feeble antiseptic, more dangerous and not producing precipitation of the ptomaine in insoluble combinations. He combines the biniodide with chloral-hydrate for its sedative action on the irritated or inflamed bowel and exaggerated peristaltic action. A fiftieth of a grain of biniodide being given for a child up to six months old. The review of eighty cases shows that diarrhoea stopped within three days in seventy-two, within four days in five, and no case lasted over seven days.—*University Medical Magazine*.

[Biniodide of mercury has long been the accepted treatment in the New School for diarrhoeic and dysenteric conditions such as above described. The result reached through different lines of investigation is the same.—*EDS. TIMES*.]

**Sputum as a Diagnostic Sign** (*Times and Register*).—In phthisis we have nummular sputum, looks like coin, which floats in clear liquid.

In measles we have nummular sputum, which floats in an opaque liquid.

In bronchiectasis there is stinking sputum; also in fibroid phthisis.

In cancer of the lung we have sputum that looks like currant jelly.

In pneumonia we have rusty colored sputum.

In edema of the lung the expectoration is serous.

Where we have pneumonia terminating in gangrene of the lungs the sputum is exceedingly fetid, greenish or brownish.

The sputum of chronic bronchitis, when associated with disease of the heart, looks like the white of an egg mixed with water, and may amount to a quart or a half-gallon in twenty-four hours.

The sputum of chronic bronchitis, when not complicated, is large, broad and irregular, and is greenish or yellowish.

**Air Restorer.**—Pure oil of turpentine, mixed with about one per cent. of lavender oil, can be used with advantage in the form of a spray from an atomizer in purifying the air of school, factory, sleeping, sitting and other rooms. It is surprising how refreshing this is for the occupants, the action being due to the ozone formed. The air is renovated thereby and perfumed, at the same time, with the fragrant lavender.

**How to Keep Water Hot.**—If you want plenty of hot water in your office, take an ordinary "water cooler," or receptacle ordinarily in use for ice water, fill it with boiling water to heat it up, then, after a few minutes, empty it and refill it with boiling water; carry to your office and wrap a woolen cloth around it. The water will keep hot for many hours.

**A New Form of Sutures.**—Opossum tail sutures are coming into vogue. The tail of this animal has many long and strong fibers, which, according to H. O. Marcy, of Boston, assume the purposes of ligatures much better than catgut. From observations which he had made in cases in which he used the kangaroo tendon, he found that the tendon had not been absorbed or encapsuled, but had become part of the living tissue. He had often availed himself of the opportunity to prove this fact in the case of vessels which some time previously he had tied with the tendon.

**Does Ether Assist Digestion?**—The effect of ether on the digestive processes in healthy subjects has been recently investigated by Dr. Gurieff, who gave thirty drops of sulphuric ether to six healthy persons during dinner, which consisted of about half a pint of soup, four ounces of meat and six ounces of bread. It was found that the ether had the effect of stimulating the action of the gastric glands, increasing the free hydrochloric acid in the gastric juice, and causing the peristaltic movements of the stomach, together with its power of absorption, to increase, thus, on the whole, exercising a favorable effect upon the gastric digestion. The same result was obtained when the ether was administered by means of hypodermic injections. It would appear, therefore, that the effects must be ascribed to a general, rather than to any merely local, action on the mucous membrane of the stomach. Dr. Gurieff is disposed to think that there is a stimulation of the cephalic centers. This view is partly based on the observations of other Russian observers—Bekhtereff and Miloslevski, and Pavloff and Shumona-Simonovskaya—on the dependence of the gastric functions upon the central nervous system.

**Physiological Albuminuria.**—Dr. Henry B. Millard has renounced his former opinions and conclusions recognizing the existence of "physiological" or "normal" albuminuria. A revision of the material upon which his previous position was based, in addition to the consideration of extremely careful and accurate experiments made by Le Corché and Talamon, has led him to the present conclusion that albumen, when secreted by the kidneys, can never be surely predicated to exist in health; that it is never physiological but always pathological and dependent upon histological changes in the kidneys.



## MISCELLANY.

—An Oxford M. A. and legal practitioner has been arrested and fined in London for circulating pamphlets with directions for preventing conception. It was his habit to study the announcements of births in the newspapers and send one of the circulars to the happy father.

—A Cincinnati physician has a secret office bell, which he calls a "bore bell," and he says it is a great thing. When he is tackled by a bore, or when a lady visitor insists upon giving him the history of all her relatives and their ills, the doctor's foot suddenly touches a spring, which rings the "bore bell," and in rushes a messenger with an important message or telegram. The visitor's tedious tale is interrupted, and he or she leaves the office, because "the doctor is so busy, you know." The same message or telegram can be used a great many times, and the doctor's callers never suspect anything.

—We learn that Mr. William Rose, of London, has now operated four times for tic douloureux by removing the Gasserian ganglion. Patients are said to have been benefited.

—North Gisborne, New Zealand, wants a physician so badly that it offers \$2,000 a year to a competent one who will settle there.

—Professor Fodor, of Buda-Pesth, asserts that that city occupies a bad pre-eminence among the large centers of population in Europe in point of its mortality from tuberculosis. The yearly average of deaths from that disease in the Hungarian capital is from 500 to 600 per 100,000 inhabitants. Professor Fodor attributes this state of things to the defective paving of the streets, owing to which the atmosphere is charged with an abnormal amount of dust.

—Fourteen cities of Great Britain have chosen medical men for mayors for the current year, among them being Manchester, Stratford-on-Avon, Bristol and Edinburgh.

—A timely suggestion has been offered by a German physician that the date of original preservation be stamped upon each and every can or package containing meat foods. It is held that preserved meats, hermetically sealed, may remain wholesome for a year or so, but that there is danger in the use of such foods after this period.

—When neurotic troubles exist, subcutaneous injections of any kind are always dangerous. So says Dr. Dujardin-Beaumetz. In France, recently, two persons suffering from sciatic neuralgia were treated with antipyrin hypodermically. After the third injection gangrene set in and life was threatened, but by heroic treatment it was averted.

—The son of a doctor in one of the English colonies, now studying at the University of Edinburgh, is to be congratulated on bearing his father's name. A bursary of \$850 a year, tenable for four years, recently fell vacant, and one of the conditions is that it can be held only by a student bearing the same name as the founder. The colonial above referred to happened to have the same name, and, being the only applicant fulfilling the condition, he takes the bursary without competition.

—In case of difficulty in removing a placenta, try the reflex stimulation of a rectal injection of cold water. Dr. John Morton, of Mussoorie, India, reports success with that method in the *Indian Medical Record*.

—Nitrite of amyl will generally stop spasmodic hiccough.

—Sir William Aitkin, the author of a work on the "Theory and Practice of Medicine," very popular in its day, died on the twenty-seventh of June.

—Ar. sulph. acid, in doses of ten to twenty drops in chamomile tea taken at bedtime, will often arrest profuse perspiration.

—The king of the Belgians has offered a prize of five thousand dollars, to be awarded in the year 1897, for the best presentation, from a sanitary point of view, of the meteorological, hydrological and geological conditions of equatorial Africa, together with the hygienic principles and rules to be observed in determining the mode of life, the character of nutrition, the form of occupation, the variety of clothing, and the kind of habitation. The essay must also include a consideration of the symptomatology, the etiology, and the pathology of the diseases peculiar to the country, together with the prophylactic and therapeutic measures to be adopted. Principles are to be formulated for the selection and employment of medicaments and for the establishment of hospitals and sanatoria. The investigations and the conclusions are to bear upon the conditions of life for Europeans in various parts of the Congo region. The competition is open to the world. The essays must be in the hands of the minister of the interior and of public education in Brussels by January 1, 1897.

—"Which side should I sleep on, doctor?" he inquired. "In summer or winter?" asked the doctor, rubbing his chin thoughtfully. "What's that got to do with it?" exclaimed the patient, half angrily. "A great deal," responded the doctor, mysteriously. "I don't see it." "Of course you don't," said the imperturbable; "If you did, you wouldn't be here asking about it." "Go ahead, then," said the patient, sitting back resignedly. "Well," continued the doctor, "In winter, when it is cold, you should sleep on the inside; but in such weather as this, you should sleep on the outside, in a hammock with a draught all around it, and a piece of ice for a pillow. Two dollars, please."

—Prof. Parvin advocates the use of the ordinary male catheter, instead of the female, as by its greater length the bladder can be emptied without soiling the clothes or necessitating any exposure of the patient. It is passed into the bladder just as easily as the other kind.

—Stomach or bowel derangement depending on an excess of acid are often relieved by buttermilk.

—Every day in the year seventeen persons are killed and seventy-two others are injured on the railways of the United States.

—Prof. Hare explains the beneficial effects so often seen in the early stage of pneumonia by decided doses of verum-viride, as that of bleeding the patient into its own blood vessels, by so dilating the capillaries of the body that the congestion of the lungs is relieved.

—The rigid os, which protracts labor sometimes till the strength of the patient is exhausted, may be relieved, says a practical obstetrician, who has tried it, by two or three twenty drop doses of jaborandi given every half hour till perspiration is established.

—By a recent decision of a French tribunal, a medical journal is not permitted to make an extract from another journal without giving due credit. In a case which has been adjudged the guilty party was condemned to pay quite a large sum for every article "cribbed," and, in addition, was subjected to the further mortification of being forced to publish the findings of the court.

—The prescribed course of medical instruction in the Mexican National University is seven years.

—Thistles, according to the *London Vegetarian Federal Union*, are desirable articles for human food. If boiled, they are like delicate turnip tops, and may be eaten, like spinach on toast, with poached or fried eggs, and with a little olive oil, or mixed with cream.

—The wonderful progress made in surgery is shown from the fact that only nine per cent. of all operations in amputation are fatal.

